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THE USE OF FORCEPS IN CHILDBIRTH.*

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Gentlemen—I shall not consume your time by giving you a history of the forceps or an enumeration or description of the different kinds; nor shall I give the method of their application, the locking and traction through them. However, I shall ask your indulgence while I mention some of the conditions calling for their use.

It was formerly taught, and is now by some, that the forceps should be applied only to the head; but there are some conditions in breech in which it is as safe, if not safer, to use them as it is the hook. Carpentier tells us they are called for (1) "whenever, in head presentations, normal labor becomes difficult or impossible from feebleness or absence of expulsory pains; (2) whenever there exists a disproportion between the child and maternal pelvis—as excessive size of foetal head—prematurely ossified head, contracted pelvis or excessive resistance of perineum; (3) whenever there exists any dystocis, as hemorrhage, syncope, eclampsia, rupture of uterus—in any condition in which the life of the mother or the child is endangered by its remaining; (4) sometimes in breech presentations. This eminent authority states further that they are called for more frequently in cases of (1) resistant perineum, (2) persistent occipito-posterior positions, and (3) contracted pelvis, than in any others; and of these the first two are most common—especially in primipara."

Whether the failure to terminate labor lays in the resistant perineum, prematurely ossified head, excessive size of head, inefficient pains or

*Read before the Tennessee Valley Medical Association.

what not, some writers, as Jajot and Depasel and others, advise us to use the forceps, if the head makes no progress within one and a half to three hours after it has reached the perineum, regardless of the strength of the pains; giving as their reason that we are generally in the face of a two-fold indication—resistance of perineum and absence or inefficent expulsion pains—and that weak contractions have by this time become intensified and the head expelled and labor terminated; and to wait longer is to endanger the soft parts to gangrene, sepsis and subsequent fistulæ. With all due regard and respect for the teachings of these great men, I believe they would have us act a little too hasty. For in some cases the head lays at the perineum three and four hours and even longer, and is then expelled—and with no subsequent gangrene, sepsis or fistulæ. And I have had cases, and so have you, in both primipara and multipara, in which dilation was complete, the head laying at the perineum from two to four hours and maybe longer, and then been expelled without the assistance of the forceps, and not followed by these troubles. But in these, the contractions were either short, feeble or infrequent. And the advice given us is excellent, for they really say that further delay only endangers the soft parts to these troubles, which is sadly too true. Not only that, but in those in which we finally have to resort to the forceps after several hours and may be, days. This advice, if heeded, would relieve many an unnecessary and powerless pain, prevent the subsequent trouble in the puerperium, and probable consultation of the gynecologist—and I might not be wrong if I were to add, save many more infants and mothers. When the contractions are strong and frequent and there is no progress within two hours after the head has reached the perineum, and after the judicious use of chloroform and hot applications, I believe further delay dangerous, and the forceps strongly called for. And if after two hours, or even less time, of good contraction, the head does not rotate in occipito-posterior positions, artificial rotation is called for with the forceps. In contracted pelvis, the state of the mother and child should guide us—as labor is always slow—and haste is a great enemy. Before the application of the forceps it is requisite that certain conditions be present, as the cervix dilated or dilatable, the membranes ruptured and the pelvis not too contracted. I quote from an authority, who says, "That every application of the forceps where the cervix is neither dilated or dilatable, is not only useless, but is also dangerous; and aside from absolute necessity, the rule is absolute. Wait for dilatation and only interfere when the condition of the mother or the child demand it." But unfortunately there are some in which the "absolute necessity" is present; and the condition of the mother

or child, or may be both, does demand it; and in such cases we must dilate. If the cervix is too rigid, it must be knived in several places and then dilated. And if the conditions are so urgent as to call for interference, time is too precious and it is too much like playing with one and may be two lives, to try the different antispasmodics, douches, etc. Knife it at once and be done with it. The requirements concerning the state of the membranes and size of the pelvis are self-explanatory. And when we are called to attend a lady in childbirth, and find conditions—proper conditions—present, which call for the forceps, why should we hesitate? When we know we have done our all, and see that poor, struggling nature has done hers and begs us to help, and our patient screams in agony and implores us with every breath to aid her, why should we not relieve her, when that relieving is comparatively easy? We are afraid we might be too hasty, and will wait—just a little longer. As long as nature progresses and needs us not, we can rest with comparatively good grace, and do right in waiting. But of these conditions and cases I am not speaking. I mean, when progress has stopped and pains are powerless, should we allow this to continue? Fearing that we act hastily, we wait; minutes and hours pass, and still we wait; gradually the contractions lose their intermittency and become continuous; gradually that nature on which we have banked our hopes and waited exhausts and gives way; the mind fails of perception, and the nerves become insensible to pain. Our patient is moribund. Then we apply the forceps; but it is too late; we have waited too long—the child is stillborn. Our duty is not yet done; we have two death certificates to sign, which need not have been. This is an exceptional case, but these exceptional cases are occurring every day. I remember one in which I was called. When I arrived the woman was unconscious, the uterus in a state of tetanus and the child's head at the perineum, where, as I was informed, it had been for three days or more, she having been in labor four or five days. She was delivered with forceps of a baby which had been dead at least thirty-six hours. Poor nature and the poor woman were blamed for it all—for they waited on them both. And the next day the attending physician had the duty of signing the mother's death certificate.

The forceps are not instruments to be thrown aside and used as a last resort. Yet when their application is proposed in the lying-in chamber, it is strange how some physicians will throw up their hands in horror. In properly selected cases, properly applied and skillfully handled, there is no instrument capable of doing as much good and relieving as much suffering. Yet they are not devoid of danger. And if they are to be used in improperly selected cases and unnecessarily,

carelessly applied and unskillfully handled, it were better had they been buried with their inventor, for thus used, not they, but their user gives creation to all those symptoms complained of by the victim to tears, lacerations and puerperal fever.

With these remarks I wish to report some cases:

Case No. 1—On January 17, 1900, at 10 a. m., I was called to the country to see Mrs. P. in confinement. She was a primipara, 19 years of age, of medium build and in very good condition. She had been having pains every fifteen or twenty minutes for ten hours. On examination it was an L. O. A. position, head engaged at the sup. sh. and os the size of a dime. The membranes had not ruptured, and there was very little water. The contractions were weak, and she was given sulph. quinia grs. 10. At 4 p. m. the os was the size of a dollar and contractions regular. At 2 a. m. the cervix was completely dilated, pains hard and expulsory about every two minutes, and head at the Inf. st. After reaching this point it would come no further. After about three hours of very hard labor and one of chloroform, and no progress, I sent for assistance. She was then delivered with forceps. In this case the perineum would not yield to chloroform or the contractions, which were very strong and almost continuous. There was no tear of cervix or perineum, no rise of temperature or increase of pulse. She was given one vaginal douche daily and made an uneventful convalescence.

Case No. 2—In May, 1900, I was called in consultation to see Mrs. M. in confinement. She was primipara, 20 years of age and in good condition. Had been in labor about twelve hours. The head was on the perineum, and had been for two hours; the bones of the head were hard and the sutures closed. The bag of water had previously broken from contractions which were good and regular. She was given chloroform for more than an hour, and no progress was made. Deeming further delay dangerous and useless, she was delivered with forceps of a ten-pound boy, without tear. She was given vaginal douches for the first ten days, and the puerperium was uneventful.

Case No. 3—Was called to see Mrs. F. in confinement in August, 1900. She was primipara, 22 years of age, in bad condition; feet and legs being very œdematous; complained of intense headache, exaggerated with each contraction, and with each having a peculiar tossing motion of head and waving and throwing of the hands, also a twitching of the muscles of the face. She had been in labor thirty hours or more. Contractions were about every two minutes, strong, regular and expulsory. The head was at the perineum, and the midwife informed me that it had been there for three hours or more. It was very hard and large, and the sutures seemed ossified. Gave her a high enema

and got good results. The twitching of muscles and throwing of hands were bettered. Hoping that she would be delivered without interference, I waited two hours and a half. At the end of this time there was no advancement. The headache, twitching of muscles, throwing of hands and head were getting worse. She was fast becoming exhausted, and spasms were feared. Being far into the country and deeming a rapid termination of labor absolutely necessary, without assistance and chloroform, she was delivered with forceps of an eleven-pound boy, suffering no tear. She was given calomel, followed by bromides and quinine, also two vaginal douches daily. With the exception of a mild type of puerperal-monia, which developed on the sixth day, and through purgatives and bromides subsided on the ninth, she made a good recovery.

Case No. 4—In September, 1900, I saw Mrs. C. in confinement. She was primipara, 18 years of age; low stature and fleshy; in bad conditions, the feet, legs and even thighs being œdematous, puffiness of the face; in fact, a general bloatedness. She had been in labor 24 hours and was now in the second stage, with the head on the perineum, where, the midwife informed me, it had been for three hours or more. The contractions were good, strong and regular. To me she seemed semi-conscious, semi-delirious. Noting her condition both mental and physical, and from several strong pains, no progress, and believing that the midwife spoke truthfully, I informed the mother and husband of the results of continued labor, and insisted on using the forceps. To this they strongly objected. Within five minutes she had a very severe convulsion. Determined to use the forceps, I sent for assistance, then corded her left arm and was preparing to open a vein, when another convulsion, harder and longer than the first, came on her. In fact the first had not gotten off before the second came on. Her face was purple, almost black; she shook the whole room, and bloody froth came from her mouth. Leaving the vein uncut, the forceps, which had previously been put in boiling water and sterilized, were applied; and with the two succeeding contractions she was delivered of a fine boy, as the third convulsion was coming on. Assistance then arrived. The vein was opened and a pint of blood let out. After two other convulsions she was given, hypodermically, 1-2 gr, morphine and m. xx of tr. ver. virid. She had two slight convulsions after this, then went into a nice sleep, from which she awoke in about two hours. There was a slight median tear, which required one suture. She was given the ordinary remedies and douches and was soon up.

Case No. 5—This was a breech with sacrum to the left and posterior. She was in the second stage of labor with breech well engaged when

I saw her. The breech was born and then turned child so as to throw face in hollow of sacrum. She was primipara and everything went well till the delivery of the head, which refused to come. Elevated the feet with the left hand; introduced the index and middle fingers of right into vagina and then into mouth of child and brought chin down slightly. Fearing to make too great traction, I put fingers each side of nose and tried to deliver in this way. But the head would not move. Then tried to get the hand above head, but could not. The child must be delivered, and quick. Forceps were applied and an asphixiated child delivered, which required some forty minutes to bring around. There was a slight median tear, not sufficient to require a suture. The puerperium was uneventful and both mother and child did nicely.

USE AND VALUE OF PROPRIETARY MEDICINES.*

By S. M. C. Howell, M. D.,

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Gentlemen—Feeling my incompetency and inability, I hesitatte to offer this paper, but feeling that this is a very important subject and one that we should give more attention than we have in the past, and hoping that it may draw out some interesting remarks from the members of the society, I will endeavor to give my views about the use and value of Proprietary Medicines and certain products of manufacturing pharmacists with which our land is flooded. I wish to say in the outset that I am confident we are prescribing many things about which we know nothing except what the manufacturers tell us or what we learn by sad experience by seeing the bad effects after it is too late, or after we have failed to get any results at all by giving some inert preparation. I will say that there are three classes of these preparations: 1. Those that are dangerous and detrimental, and should never be given at all. 2. Those that are comparatively inert and worthless, and should be avoided on account of same. 3. A few that are good and reliable, but they are so few and far between and are keeping such bad company until we hardly know when we meet one of this class.

It is often the case after we have made a failure to cure or relieve our patients with that class of remedies that we return to some of the old true and trusty remedies that we know the origin, effect, dose and use of, and see our patients rapidly recover.

Sick people hate to take medicine, and especially if it tastes bad, and physicians who fill their own prescriptions as a rule do not enjoy working for some time making a lot of pills or filling a difficult prescription, and taking these things into consideration the manufacturer

*Read before the Dale County Medical Society.

comes in and says I will make it taste good and fix it for you, doctor, so it will be handy for you, and your patient won't mind taking it.

The first class I wish to mention are the innumerable coal-tar derivatives that are in so general use among physicians at the present time, and I might add also among the laity, for there are a great many families who keep and use certain of these preparations among all members of the family for all the ills, aches and pains that human flesh is heir to, and by such injudicious use produce heart lesions and weaken the heart's action to an extent that will, in my opinion, greatly increase the death rate from such troubles in the future. We are told by the manufacturers of these preparations that they are not dangerous and do not depress the heart's action, but after giving a number of them a thorough trial I find that such is not the case, and that they are all dangerous. Some of these preparations are incompatible with almost everything, and if there were no other objectionable features, that alone would require great caution in their use. Another objectionable feature is the enormous cost of some of these preparations. They are sold here at a price that we, who do a country practice and have to furnish our own medicines and practice for many people who cannot pay us mileage, cannot afford to give from one to two dollars per ℥ for preparations that could be bought in Germany for less than half that amount. We don't know enough about these preparations to rationally prescribe them, and should be very cautious about how we use a drug that is capable of running down the temperature fast and producing such a depressing effect on the heart's action. There are objectionable features without number to these preparations, and as it appears to me that the principal use we make of them is for doctoring our thermometers and not the disease; that if we would lay these preparations down and use ice-cold water and other rational safe and simple remedies at our command that we would find after reducing the temperature that our patient would be in better shape for recovery and we would have fewer cases of death from heart failure and the so-called congestions of vital organs. I claim that we would be in better condition at the present day without these preparations.

We have proprietary liquids, powders and ointments from all the principal drugs in our materia medica. They claim them to be tasteless, odorless, colorless and any other unreasonable claim to attract attention. They are put up in almost every city in the world, and the mails to all of us are flooded with their advertisements, setting forth the many wonderful things they will do and containing testimonials from physicians (?) all over the world of the great cures made by them. We are thus unconsciously pulled into their use by having

the matter before us at all times of their great merit, good taste, convenience, etc. I think we should steer clear of them. We can't know their contents, how they are made and with what they are incompatible. The dose of most of these preparations is enormous, and in giving these preparations according to directions we fill our patients' stomachs with syrups, aromatics and other things not indicated and that are really detrimental.

The manufacturers tell us to prescribe in original bottles to prevent substitution by our druggists. It is often the case that the patient goes to his physician, gets his prescription, sees that it is for a proprietary medicine, continues to buy it and various other similar preparations that he sees advertised in every paper he picks up, on the trees, fences and everywhere that it could be seen and read, and the doctor never sees his patient any more until he has gone the rounds of these preparations, and he has thus opened up a channel of trade for these rich corporations and is landing many dollars into their pockets and his own bills are going unpaid because he has not the money with which to meet them.

Now, if the physician had at the outset have made out a rational prescription and filled it himself, or had filled by some reliable home druggist, he could have got the money that belonged to him, put more money in the pocket of the home druggist, cured his patient quicker and cheaper and, best of all, left his patient with confidence in him as a physician, and so that he would look upon and respect him as such, and would come back to him the next time he was sick, and not look upon him as an advertising agent for some rich drug corporation.

We have elixirs, tablets, pills, capsules, etc., of everything imaginable, many of which are admirable and reliable preparations, but our enormous use of them have caused the manufacturing pharmacists to go a step farther, and we see in their drummers' sample cases and even on our office shelves, neuralgia cure, malarial cure and even typhoid fever cure.

Nothing to do but diagnose the case, and they will attend to the prescribing. We thus degrade the profession and deprive the home druggist of what he is entitled to. The friendship and co-operation of the druggist is essential to our success, and if we suffer and assist some one in robbing him of his living we cannot expect much help from him. These shrewd manufacturers give us their formula of these preparations and tell us what they will cure, and that they taste, look and smell good, and furnish us with loads of free samples, so we have to resist the temptation very hard to keep from drifting into their use to the exclusion of the old reliable remedies.

We have in our materia medica a long list of reliable preparations to select from that we can test and prescribe knowing their purity, and prescribe with accuracy, and fill or have filled by our home druggist, and know with what it is incompatible, how to regulate diet and feel that we are doing rational practice. We leave the profit of our medicines near home, enable our patients to get their medicine cheaper and hold the profession on the high plane it should occupy, and not distributing agents for manufacturers. I can recall a number of cases where I have prescribed these palatable preparations for some time and see my patients gradually grow worse, until I would become discouraged with such remedies and return to quinine, calomel, iron, some tr. fl. extract or some other rational treatment about which I had some knowledge, and see my patients rapidly recover, until I am fully convinced that we would be in better condition to-day as physicians if many of the so-called advances in pharmacy had never been made, or if we had never been induced to try them at least. I hope that we can and will return to rational therapeutics, profit by past mistakes, be more careful how we are led off in the future, work in harmony with the home druggist and occupy the high place that a real physician should occupy.

SOME UNUSUAL REFLEXES RESULTING FROM LACERATIONS OF THE CERVIX.*

By W. G. Harrison, M. D.

To quote the words of Dr. E. C. Dudley, himself a most grateful pupil of a renowned teacher: "It was Emmet who first untied the knot and revolutionized the pathology and treatment of cervical diseases. * * * It was he who, in a happy moment, brought anterior and posterior surfaces together with tenacula and demonstrated what we all supposed an ulceration was nothing more nor less than a laceration."

These lacerations cause certain well defined symptoms with which we are all familiar. The backache, dragging sensations, irritating leucorrhœa, vesical irritability occurring in a multipara always suggests a tear.

It is not to symptoms, but some rare reflexes that I wish to draw your attention.

Case 1.—White female, age 34. I give the symptoms in her own language, as I wrote it down in my case book of opthalmology: "My eyes are quite weak—easily tire from reading or sewing. The left one often becomes inflamed—the brow above being sore to the touch.

*Report of cases to Talladega Medical Society.

I must need glasses, though I prefer not to wear them." A careful inquiry into habit, general health, diet, etc., failing to elicit any sufficient cause for these symptoms, I advised a thorough opthalmic examination. After installation of atropia I made careful study of the refraction and found right eye with one dioptre of hypermetropia and three-quarters of a dioptre of hypermetropic astigmatism. The left eye had less than one dioptre of plus astigmatism. No retinal change. Glasses were ordered and she wore them several months with but little relief. She returned with the same browache. After repeated quizzing I learned that she had some pelvic heaviness, which was later explained by a large boggy-everted badly torn cervix and lacerated perineum.

I undertook to trace the connection between the tear and the neuralgia. While endeavoring to coapt the lips I chanced to press on the angle of tear on left side with a probe. At once the patient exclaimed: "Oh, Doctor, that hurts my face." On several occasions and with different instruments, I made pressure on that special spot and every time it was irritated from any cause she immediately complained of the old browache—the same old neuralgia.

She never suffered but one attack after I repaired the tear and this was of short duration.

Case 2.—While female, October, 1897, came with following history: Two children, youngest 4 years; frequent headache; easily angered or worried; general loss of self-control; has spells of nervous worry or frenzy from trifling causes lasting for a brief interval and invariably followed by severe throbbing and aching in top of head. After careful inquiry I failed to discover any special symptoms referable to uterine derangement and about decided that hysteria was the basis of these symptoms. I ordered asophoedita, valerian, strychnine and allowed her to leave for her home. In two months she returned unimproved except she had gained some flesh. She especially complained that after exercise she invariably suffered severe headache. This remark suggested some old Subin volution. I undertook a vaginal examination and no sooner had I touched the anterior lip than she was loud in her complaint of throbbing pain in the "very top of" her head. I at once counted her pulse and found it had increased twenty beats since beginning the examination. I afterwards satisfied myself that this rapid heart action was the result of cervical irritation and not due to nervous excitement of the examination. With my finger on the dorsalis pedis artery I would frequently find it beating less than eighty and irritating the everted mucous membrane with a probe or forceps would be amused to find an increase to nearly an hundred. Within one

month after I repaired a deep unilateral tear on the left side all these symptoms had disappeared.

Case 3.—White female, age 33; called me to treat lumbago in 1897. Her suffering was so extreme I had to give her opiate. She spoke of having had repeated attacks. Relief lasted only so long as she was under the influence of some anodyne. She also complained of severe leucorrhœa. For the latter symptom a hot astringent douche was ordered. Upon my next visit she complained of being unable to use the douche, saying, "Every time I introduce the nozzle it hurts my back—seems to aggravate the lumbago." I then advised examination. Found a large subinvoluted uterus with extremely sensitive mucous membrane everted from the lacerated cervix. Each touch of probe or examining finger caused the original lumbago. After applying cocaine I scarified the membrane, applied Churchill's Tinc. and used boroglyceride tampons. After ten days' attention the congestion gradually subsided, the discharge was abated and all symptoms were relieved. I urgently advised a repair of the tear. This she refused. Six months later her suffering returned—even to the peculiar lumbago. This time she consented to an operation, and she has remained well to the present.

Case 4.—White female, age 26; suffered with nausea for several years and can get no relief except when in bed or quietly reclining in an easy chair. Most searching inquiry failed to find but one other symptom, namely, vesical irritation. Urinalysis was negative. In vain did I try acids, alkalies, pepsin, lime-water, bismuth, etc. After eliminating calculus I examined the uterus and found a large boggy bleeding anterior lip pressing on neck of bladder. Any sneeze or cough or other cause of sudden contraction of the diaphragm would precipitate a most severe attack of nausea lasting for hours. Emolient applications and astringents greatly palliated this condition, but it never entirely disappeared till two months after I had repaired the laceration.

Case 5.—White female, age 27. I was called to see this patient just after her return from some holiday celebration in which she was much on her feet and was greatly fatigued. She complained of a sense of choking whenever she attempted to walk. Never felt discomfort at other times. Vaginal examination revealed a deep bilateral laceration with everted membrane. Every irritation of this mucous membrane caused the sensation of choking. Scarification and emolient tampons reduced this sensitive condition and all the symptoms. I urgently advised operation, but it was refused. This was in 1899. I have recently seen the lady and she tells me her general health has improved and she has suffered no return of the choking sensations.

These cases are reported more as a matter of exceptional interest

than because of any general deductions to be drawn therefrom. We are weary with the specialist who finds in every sign or symptom something to suggest a patient along his peculiar line, but we are not to be careless. The subject of reflexes is little understood—is always an interesting problem, and from them we can find much to guide our therapeutics and lead us out from the caves of doubt and despair.

THE DURATION OF LIFE.

By R. C. Bankston, M. D.,

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I do not know a subject, more important to mankind, than the study of human longevity and the potencies influencing its duration. If discussion will reveal the means that will prolong life, then we will have accomplished something. Have you ever, seriously given this subject thought, then have you concluded why we do not invariably live out a reasonable expectancy? Granted that radical errors exist in our method of living, which tend to destroy life, how can they best be detected, and corrected?

Under what conditions would life be an ideal existence? What governmental course, either nationally, or universally pursued would lead to greatest perfection of life? Conjoined with good laws, what individual course would give best result, aiding materially, the success, even in a limited way elevating, preserving and lengthening the duration of individual life?

How can life best be perfected and perpetuated? Numberless queries could be propounded; much time and thought can be spent in their consideration, without exhausting the subject of life's normal limit or possibilities. That we are abusing the privileges of existence, and are, with blind fatuity, pursuing a course calculated to give indifferent result to posterity is apparent. Let's consider the changes necessary, which must come, ere we can arise to a higher plane of intellectual and physical progressiveness which must be attained, if prediction on this subject is verified, or fulfilled for the benefit of posterity.

In pondering the possibilities of life, a query which impresses me forcibly is, what conditions prevailing would enable man, with greatest certainty to live out the fullness of his days? What should be the expectancy, or natural duration of life? What changes in governance of national, community, and individual life would conserve to aid in lengthening the span, to its great normal limit, compared with present duration? The question, and causes influencing continuance, or cessation, is momentous, and of absorbing in-

terest. It has been agitated from earliest time. No doubt its consideration, causes more worry than does any other problematical thought, not excepting the ultimacy of soul. No caste, creed nor condition of life, but shows some interest in life's expectancy.

The question of origin is vexatious, yet it does not compare in interest to the mystery of duration and finality. The materialist may worry over primal beginning, the Deist over the salvation of soul, the atheist over the transformation of vital principles in continuity, but all show interest in the duration, and end of present existence. The attention of sages and philosophers have been fixed upon this problem, at every age of the history of man. The resources of science, art, astrology, magic and charlatanism have all been exhausted without demonstrating a proposition that will foretell the duration of an individual life. After a study of all theories, the conclusion reached is, we know but little, while interest is unabated, we surmise, that if the desired knowledge were accorded—it would render us supremely unhappy, it would menace tranquility and our duties to fellow man and posterity. In hope for the possible, lies much of man's happiness. In compassing desire, much diversion is obtained and hope engendered of sustaining force, in helping maintain, mental cheerfulness, and equilibrium, despite the kowledge, that life is uncertain and may be cut short at any time. However, we are not so much interested in the possibilities as we are in the probabilities of duration. The uncertainties of the future, for want of recognizance, seems, through hope, to be filled with promise and cheer—reason admonishes that if it were possible to fix the individual limit, it would be dangerous, robbing life of hope and dooming existence to continue under unendurable circumstances, for example, take a physician, let him realize that he is stricken with an incurable malady, while pride may prevent an outcry, yet the mental anguish would be sufficient to overshadow hope and darken life to such extent that the end would be a welcome executioner releasing mind from a thraldom worse than death. There is no realization possible to life more excruciating than despair, therefore it were better that no one know the number of his days, but all should hope to live to a ripe old age and each aspire to outlive any past record of life and round out existence in the fulness of maturity. Notwithstanding all uncertainty, man has kept record of duration under various conditions until he is fairly able to predict the probable aggregate of life, with much accuracy, as it now exists. Take the mortuary tables of life insurance companies, prepared by actuaries, with due regard for scientific basis, take the U. S. census on same subject and we are astonished at the mathematical certainty, with which

definite prediction of result can be foretold. A better knowledge of how to prevent diseases and degeneracy is doing much to eliminate chance from among the considerations of life's prognosis. Instead of reckoning with blind fatuity, we can predict with accuracy because we know all elements which must be considered in any calculation for continuance of individual life. I know of no broader field of interest than the study of longevity in a scientific way. Recent tables drawn from the census calculations give life's expectancy as follows:

Birth	10	20	30	40	50	60	80	90	95
46 years,	54 years longer,	47	39	31	23	16	4	2	0

limit of calculation is reached.

The above expectancy is for females. That for males is as follows:

Birth	10	20	30	40	50	60	70	80	90	95
45	53	44	37	29	22	15	9	4	2	0

Up to 60 years of age expectancy for females is better than for males, which is not due to greater vitality, but to less exposure from occupations.

Another table of interest will show the influence of occupation with the wear and tear of nervous strain, and mentality, also the effect of labor, both in and out door and the difference of occupation:

Men of genius and statesmen have an expectancy of	74 years.
The Judiciary	70 years.
Teachers	69 years.
Lawyers	66 years.
Clergymen	63 years.
Merchants	62 years.
Clerks	61 years.
Farmers	60 years.
Masons and Bricklayers	55 years.
Physicians	54 years.
Butchers	53 years.
Carpenters	49 years.
Painters	44 years.
Millers and Bakers	42 years.
Stone Cutters	34 years.

The inclemencies of weather, draft upon vital force, exposure to dirt, dust, gases and mechanical particles of matter irritating the air passages which can be absorbed into the general circulation and exert peculiar effects, deleterious to vital principle of the one so exposed. Hence we see the influence of occupation upon expectancy and its modifying effect upon duration. The more highly cultivated the mind

and the less physical exertion required in avocation beyond the degree of exercise, the greater the chances for long life. If I wanted to condemn a man to slow death, I would make him cut stone, under present conditions for working same. If I wanted him to live long, I would make a lawyer or preacher of him. If I wanted the best type of man, endowed with great vitality mentality and the highest principles of durability, I would select a genius. A fact familiar to many is that great muscular development is no precursor to long life, while fair development, activity and great mentality are indicative of vitality which will endure for a century. Looking retrospectively over the past hundred and fifty years, we see that the geniuses of the world have nearly all been remarkable for long life. Next comes jurists, clergy and professors, then in close succession, comes those who have succeeded in the avocations of trade, with farmers, mechanics and physicians, following in order mentioned. All other trades and occupations entailing labor and privation, exert great influence over the duration of life, evidently cutting possible expectancy down materially without any compensating advantages. A point I would like to impress is that physicians generally should feel more interest in the subject of influence of occupation on mortality, calling public attention to those which are dangerous and menace health, with some measure devised that will eliminate or at least minimize danger, for example, take stone cutting, as an occupation, it is equivalent to slow, certain suicide; it should be cut, wet or oiled, that no dust would fly off to be inhaled, the dust being the deadly danger to be apprehended. Or air tight masks should be used altogether while in the workshop or quarry, with provision for sight and tubes arranged for ingress and exhaust of air from without the place where the dust is flying. I suppose a lazy man would consider the trouble of preparation, the selfish one would think of cost, the ignorant does not realize the danger; therefore, if the condition is considered it will be through having its danger called to attention of boards of health, which should be composed of men conversant who should be appointed for such time and in a manner that will remove their service from the field of politics, that no expediency may be substituted for the real object, but the oath should be that the appointed will look well after public health, condoning no nuisance, nor permitting any enterprise to exist until its dangers shall have been abated. Conservative insurance companies recognize some of the usual occupations as extra hazardous and will only accept those risks at a greatly increased rate, while some of the ordinary occupations are so hazardous as to be practically uninsurable. It can readily be seen that the intellectual callings conserve the best in-

terests of life by developing and strengthening the vital centers and preserving muscular force, that no undue strain upon or exhaustion may occur, hence those callings exert great influence on the wearing powers, conserving and lengthening existence.

Duration is modified and handicapped by foes, which destroy, take the disease consumption, when we consider the variety of its manifestation and recognize that about one-sixth of mankind die from it, while nearly one-fourth of the race manifest it at some period. Then it must be admitted a factor of magnitude in considering duration. One-half of all deaths that occur in youth or middle age are preventable. The zymotic diseases are all preventable, they being an accidental avoidable concomitant of environment, and as such can be eliminated. Yet about one-fourth the total death rate are from such diseases. The respiratory and digestive diseases cause about one-half the deaths of adult life. They are as easily preventable as is an accident. The degenerations, prominent among which are the offspring of consanguinous marriage, heredity, syphilis, struma, vices abuses of vital function for perpetuation, all are largely responsible for an over relative death rate. I do not propose to deal with causes due to poor enforcement of laws, or accidents, all which could be greatly lessened by a better application of laws for the safety of life. I desire to call attention to the elimination of diseases and a more wise and conservative understanding of the laws of nature, with proper application of measures which would enlighten mind and awake an interest so wide spread and generally observed, that agitation would result in the enforcement of acts which would increase the duration of life, by removal of evils when ascertained and their damaging character determined, after a clear conception of effect upon the human system should have been demonstrated. While doctors have been working successfully to combat disease, which is sustained by examining statistics, the general effect of present civilization, with its hurry and danger to movement has added materially to destruction of life engaged in various occupations, while the rate of mortality from disease is lessening under improved sanitation, hygiene, physiology and prevention, the rate due to accident is increasing steadily. Suicide from degeneracy and disappointment is progressively increasing in proportion to population and civilization. While not properly in line with our subject, yet the "slaughter of the innocents" can be alluded to as tending to modify the duration and pleasure of life, sapping the vital forces of the guilty, debasing mind, and debauching the body to such extent that the impression in event of subsequent maternity will descend to the child influencing its life with degenerate traits, which though they be not

marked or noticeable yet exist and should be considered cause for excluding that branch from further participance in perpetuating a selected race of mankind. The following statistics, taken in this connection, are of interest: 3-8 of all pregnancy's result in prenatal death, 1-4 of all births die in infancy, 2-5 die before the age of 5 years. The average of expectancy has risen from 32 to 38 1-2 years in past half century. The number of octogenarians are greater than at any previous date in modern times. The fatalities from zymotic, infectious and contagious diseases have been reduced 80 per cent. in past century, except consumption. I note an interesting fact showing the effect and result of worry. Annuitants, beneficiaries and pensioners are notably long lived, which can be explained on the hypothesis that worry kills. The pension being sufficient for the wants of life, the devitalizing element of worry is eliminated, while the tranquilizing elements of longevity are promoted by the knowledge that change and want are remote possibilities. With these facts relevant we can conclude; much can be done to promote duration. To begin, observe the laws of heredity for longevity, see that diseases are eliminated from among the concomitants of life, cut off degeneracy by wise marriage restrictions, see that all laws promoting health are strictly observed, see that all extra potencys of disease are eradicated, and all intrapotencys, astaints and blemishes are restricted and abated by proper espionage of a competent board of censors, see that all abuses of any power, or faculty is restrained so far as precept, teaching and intelligent example can prevent. The perversions are a greater factor in devitalizing the mind and body of youth than is generally known. There are many other factors entering the problem to which no allusion can be made. Those mentioned must suffice as example of what is required to promote the conditions needed in maintaining a higher perfected life that will be enabled by increased vitality to resist the onslaught of any disease, or potency intending to ravage the system and impair the functions. Let me offer an example of abuse. Poor diet and an imprudent manner of eating result in dyspepsia, which leads to faulty metabolism, resulting in ptomaine formation, which are poisons. Such poisons generated in the alimentary canal soon permeates the entire body, in the endless interdependence of organic function, the primal center in the brain becomes involved; force, necessary to proper function, is not supplied in proportion required for perfect change in the economy, disturbance ensures, relation is lost, balance overthrown, and disease results. Study nature's laboratory, the alimentary canal, which must be considered in reference, not alone to individual existence, but for relation it bears continuity through heredity, faulty metabolism, result-

ing in poor function, ends in an imperfect germ for perpetuation, which under proper conditions may prove sufficiently fertile to develope a child, but it will have forces of such a poor order transmitted that imperfection will be seen through life as mental, moral and physical want of equilibrium, its position in the status of human endeavor will be low, its scale in the harmony of mentality, will discord, function for relation will be uncertain, and its product will be degenerative. This divergence is not an attempt at filling up space, but to suggest possibilities for extending duration through attention to function, that there may maintain a highly perfected state for relation. Among conditions modifying may be mentioned proteid decomposition, through malfunction, of digestive apparatus to properly prepare and assimilate a largely proteid diet, which permits fermentatve decomposition of such products and their distribution through the lymphatics, with nervous symptoms and demonstrations indicative of auto poison, or biliousness. The above and similar conditions serve as examples of factors which modify duration, lessening it. With these and other facts patent the 20th century physician does not propose to wage a combat with nature by permitting invasion of germs into the body, and the continuance of degeneracy through heredity, but he proposes by wise circumspection to eradicate and prevent germs from entering the body, and to eliminate the weakness and blemishes that function may perform and vital power perfect, until the body becomes so resistant that disease will be unknown when life's functions, through perfected physiology, will be maintained and enjoyed, until its forces are used up, and the end comes as a sequence. Such should be the normal conditions under which we should endure. They will be attained when we give the same intelligent interest to the welfare of humanity that is now devoted to the selfish accumulation of wealth and individual preferment, which overshadow all other propositions so much that the duration of life, man's happiness or welfare, and other propositions for general good to man and posterity are entirely ignored, or through ignorance are subverted and neglected in the hurry of present civilization. What forces tend to elevate, prolong and perpetuate life?

Education of mind, development of physical function, proper food, cleanliness, social purity and sleep ungrudgingly enjoyed, absence of worry and elimination of disease and degeneracy, through heredity, are among the most important conditions which should be observed as necessary to elevation and continuance. In discussing the possible duration of life we must view it not only from a biological and physiological point, but it must be considered from its bearing and relation to the various conditions under which it may be lived. The abuses,

be they self imposed, concurred in, or submitted to, could they be corrected or nullified, the standard of vital longevity would be materially elevated. We doubt not, but that if the philosophy of living were properly applied and were the ideal characteristics of highly vital resistance to depravity and immoral inclinations cultivated, and made a prominent educational feature in development of youth, then vital durability would be correspondingly extended, as any measure which will cultivate and strengthen mind develops and enlarge the vital wearing powers, will influence correspondingly the progress of resistance the elimination of devitalizing potencys, the implanting and development of principles of longevity and make life a well cared for machine capable of resisting the abuses of modern civilization, which is doing more to devitalize the individuals of a nation in the hurry and greed of enriching rivalry than can be offset by any philosophy now advanced. Obviate it by education, that will excite the imagination, quicken the intellect and elevate the moral qualities of the mind, that vital principles may perfect, conditions strengthen, and total man made more enduring. As a question of economics, of morals, of government, of physical and mental elevation, as a question having a greater relation to life in all its bearigs than all others; it should have earnest consideration, yet as the result is not immediate, the mass of mankind cannot see its vast importance, upon the perfectibility of life in posterity. The culture of mind is a great factor in establishing the proper period of duration in life.

What the doctor should do is, make an educational crusade upon all occupations, avocations, habits and inclinations which could or may tend to lower the vital standard or corrupt the means of elevating life, that duration may be extended and its principles exalted. He should impress upon the public the need of observing the great potencys; conducive to health, pure air and water, exercise, sunshine, sufficient quantity and quality of food, sleep and recreation, as tending to promote the harmony of health. The deozonized vitiated air of a closely shut room is far more harmful than all the draughts that can blow.

The question now suggests itself. What should be the normal duration of life? Biological investigation seems to concur that the development of body by average comparison should occupy one-fifth of life's period. The ripening of maturity and period of useful activity should be three-fifths and the decadence of vitality one-fifth of the total. As a problem of mathematics we know the average of maturity is twenty-six years, hence the duration of life should be one hundred and thirty years, if all conditions of vitality for longevity could be observed and all intercurrent abuses and exposures overcome.

The most strenuous efforts should be exerted by the doctor to stamp the impress of influence upon his environment, that the practicability of ideas pertaining to physical, mental and moral advancement of life, may, by proper observance of governing laws, be strengthened and individual existence, lengthened, and lived upon a beneficient basis for the greatest possibilities to posterity. The iniquities of the present era are the vampires which are extracting the best blood and brain from this generation. If we would counteract them we should interest the people and teach them to realize the need of elevation by educating them to a higher standard of perfection, which is essential to their co-operation in the application of any measure proposed for the continuance of perfected existence. We must devise and apply measures, deemed of greatest utility in promoting longevity to the highest limits. We must brighten intellect until the friction will ignite the spark of knowledge, which, glowing like the brightest star in the firmanent, will light the way with its gleams to a higher intellectuality, which will light the way with its gleams to a higher intellectuality, which, as a means of perfecting vital powers, shall increase the duration of life's alloted span until the age attained shall justify endeavor. The greatest achievement of the 20th century will be the demonstration of definite laws for increasing the duration of life by eradicating all diseases, blemishes, degeneracies, debauchment, crime and immorality. Such a state of affairs is not an utopian dream, but will be realized a necessity when education shall have raised general knowledge to the point where causes, acting unfavorably, may be eliminated, that perfected ethnological principles may prevail. Of the great events of history, standing prominently in importance to the world we may mention the division of time into hours and minutes, and money into changeable shape, handed down to us from the Babylonians. While the alphabet and writing comes to us through the Egyptians, though there is every probability of their having originated in India for in studying Sanskrit, we presume it the mother tongue of the world. Comparing with those events in importance to the world, will be the demonstration of laws, which will elevate the status of life, and prolong its standard, that duration may be in proportion to the amount of vitality, with which each individual may be endowed and not determined by chance, accident or abuse.

Of all things created, man is the most valuable, endowed with intelligence, alone gifted with the cardinal powers Reason, Will, Judgment and Volition, which make him superior to all else. Yet nothing is so abusive to self. Nor more wasteful of the energies and force of life or more indifferent to duration, which makes us think that liv-

ing is a science, the completeness of which is unknown. It it easy to theorize and soar in platitudinous generalities and philosophise with superficial incorrectness, predicting possibilities without idea or reason for expecting result from their proposal. Yet, I believe pathology will be relieved and physiology of health applied eventually, which will give a duration equal to all prediction. All biologic effort and research aim to culminate in a unity of perfection hitherto thought unattainable. Where vitality turned into prescience of ideal anthropology may endure in full vigor for several decades, giving a normal duration, greater than our prognisis. By study and adoption of natural laws, by carefully eliminating diseases and guarding against accidents, by restricting abuses and perfecting principles of vital resistance. In the course of a few generations we shall have cultivated a vitality, which would give us invariably at birth, an expectancy of 130 years, which age would be usual and except for unavoidable accident would never be underlived, but generally exceeded. So vital will mankind become when common laws of health and longevity are intelligently observed.

By pursuing a rational course of elimination, we can weed out the imperfect and degenerate elements of life within five or six generations. Then the most optimistic hope and prediction which could be anticipated on this subject would be realized and health, perfectibility and duration so much improved as to be far beyond comparative present thought. I do not mean an existence filled with years of decrepitude, but vitality and mental power should be active and competent until near the end, which should transpire without a long period of waste and suffering nor through any sudden break, but one should feel the call of nature, should know that force is ceasing. He should seek his couch and in the language of some old writer, should wrap his mantle about him and be gathered unto his fathers.

As a student of science
The physician did go
To the fountain of knowledge,
Hoping there to know,
How the woes of humanity
Might be made go,
To the shades of a bygone past.

He consulted the genii
Who lived in the fount,
As to the best means,
For satisfying his want

Of accomplishing the task
He had set, for himself
Of ridding humanity ofdisease.

Thus the Oracle did speak,
Your cures are uncertain
For the causes remain,
To again, by their presence infect,
If you would be successful
In your search for duration,
Prevention must needs be the route.

How to pursue it, the doctor did ask
He was loth to start on a way,
Where no guidance existed,
No signs were in sight,
To beckon him onward,
Or, guide him aright
In his search for duration of life.

And thus the doctor did muse
The ills and woes of humanity
Excite my grief and sympathy
My senses aroused, my pity inspired,
Of my substance is freely given,
The best and the most
To the sick and distressed
And weak, of suffering mankind.

Again spoke the genii,
Saying I'll kindly explain
To the student, yet at the fount
There must needs be agitation,
And the germs elimination,
Accomplished through education
If you, in your quest would succeed.

ACUTE URAEMIA SUCCESSFULLY TREATED WITH INTRAVENOUS SALINE SOLUTION.

By J. M. Mason, M. D.,
BIRMINGHAM, ALA.,

During the past few years the great usefulness of saline solution as a therapeutic agent has been repeatedly demonstrated in the treatment of shock, haemorrhage, sepsis, pneumonia, uraemia, delirium tremens and various other conditions.

A severe case of acute uræmia recently came into my hands for treatment, and the patient responded so promptly to the use of salt solution, while she continually grew worse before its employment, that I think it is of sufficient interest to report.

The patient, a white woman aged about 63, was alone in her room on the afternoon of January 25, when some member of the family heard some strange sound, and, on going into the room, found the patient in a violent convulsion.

I arrived at the house in about half an hour and found that she had recovered from the convulsion, but was wildly delirious and was tossing about in the bed. Her pulse was weak, irregular and intermittent, and there was no paralysis. Haemorrhage was eliminated, and on making an examination of her feet and limbs they were found very œdematous. Uræmia suggested itself, and on using the catheter six ounces of highly albuminous urine were withdrawn. This completed the diagnosis.

The following previous history was obtained from the family: She was the mother of ten children and had enjoyed good health generally, but for some months previous she had some troublesome symptoms which she referred to the bladder and kidneys. She also suffered about three weeks previously with a mild attack of la grippe, and the day before the present trouble she had a severe attack of indigestion. She had not been confined to the bed, however, and had called no physician. Her feet had been swollen for several days previous to this attack.

Treatment.—During the two hours succeeding my visit 3-8 gr. of morphine sulf. were given hypodermatically for the control of the restlessness and delirium. 3-10 gr. pilocarpine and 5 grs. calomel were also given. She was surrounded with hot bottles, was well covered with blankets, and a mustard plaster was placed over the region of the kidneys. She became quiet, but perspired very little, and her bowels did not move during the night though 15 grs. of calomel were given, and only a half ounce of urine was secreted. At 5 a. m. another convulsion occurred and her condition continued to get worse, nausea and vomiting being added to the other symptoms.

I decided to use salt solution and, as quick action was necessary, the intravenous method was selected. This was not preceded by bleeding on account of the weak and irregular pulse. At 10:30 a. m. 2000 c. c. of normal salt solution at a temperature of about 115° F. were injected into the median basilic vein. In fifteen minutes the patient was perspiring freely, the pulse had improved, and during the following twelve hours three ounces of urine were secreted. This showed albumin; hyaline, granular, finely granular and epithelial casts; specific gravity 1020; reaction acid.

During the following day more urine was secreted with no albumin and but few casts. Her skin continued moist and the bowels moved freely. From this time, the third day, her improvement was rapid and steady. Repeated urinary examinations showed that there was no more albumin, and only occasionally could a hyaline cast be found.

A milk diet and plenty of Stafford water were kept up, and by February 14 she was able to travel to her home in Georgia.

From the patient's age, history, and the persistence of a few hyaline casts in the urine, I concluded that she was a sufferer from chronic interstitial nephritis and that the uræmic attack was precipitated by la grippe.

The prognosis of the case for the future is, of course, unfavorable; for uræmic seizures are liable to occur at any time, and she will probably succumb to one of them.

The field of usefulness of saline solution, intra-peritoneally, by rectum, by hypodermoclisis, and intravenously, is constantly broadening. All these methods are good, and during the past four years I have used and have observed the use of them in the treatment of shock, haemorrhage, sepsis, pneumonia and uræmia; and, in the face of an emergency, where prompt action is demanded, I cannot too strongly urge the use of the intravenous method.

With a supply of sterile water, which can always be obtained by boiling and cooling sufficiently, and a thorough acquaintance with, and a careful observation of, the details of surgical cleanliness, the operation is very simple and perfectly safe. Its results are so prompt and reliable that many of the cases which seem most hopeless can be tided over the emergency and brought safely back to health.

This is the first case in which I have used saline infusion for the relief of uræmia, but the results were so satisfactory that I shall continue to make further use of it when such cases come into my hands.

VACCINATION IN ALABAMA—WHAT DOES IT PROVE?

By W. H. Sanders, M. D.,

STATE HEALTH OFFICER.

It is well known that smallpox has prevailed more or less extensively in this and other States for several years past.

Naturally, within that time, unusual opportunitties for observing the efficacy or not of vaccination as a protection against smallpox have been afforded. With the view of adding line upon line and precept upon precept to the monumental testimony already on record in support of the incalculable value of Jenner's discovery, the statements of the following named and eminently trustworthy doctors in Alabama, based, as they are, upon recent observations, are herewith submitted:

Dr. Acker, of Mobile, writes:

"Smallpox was imported into the jail, and fifteen cases occurred before vaccination was resorted to. After all the inmates were vaccinated no other cases occurred.

"Two cases of fully developed smallpox were discovered in a railroad camp of one hundred and fifty laborers. The sick were removed to the smallpox hospital and the remainder vaccinated, after which no other case of the disease occurred in that camp.

"Two cases of smallpox were discovered in another railroad camp and removed to the smallpox hospital. In this instance, the remaining laborers refused to be vaccinated, and cases of the disease continued to occur until the railroad authorities virtually compelled them to submit to vaccination, which broke up the disease."

Dr. Fleming, of Clarke county, writes:

"Smallpox appeared in the family of Mrs. H. M. D., of this county, in 1897. Her four children had the disease, having never been vaccinated. She herself escaped, having been vaccinated in 1864.

"In the same year the disease entered the family of Mr. E. B., all of the members of which fell victims to the disease, except Mr. B. himself, he having been vaccinated in 1864."

Dr. Barclay, of Birmingham, writes:

"L. F. developed smallpox and was carried to the smallpox hospital. His wife insisted on accompanying him, as nurse, which request was granted on condition that she be vaccinated. Her vaccination proved typically successful; she nursed her husband through a confluent form of the disease and escaped an attack herself.

"Mrs. N. C., of Ensley, developed smallpox, and was removed to the smallpox hospital. Her attack proved hemorrhagic in form and she died. Her three children—having no home—were taken to the hospital with her, and promptly vaccinated. The vaccination proved successful in two of the children, but unsuccessful in the third. They all remained in the room with the mother up to the time of her death, and continued to occupy the same room after her death. The two in whom vaccination was successful escaped any attack of the disease, the third, in whom the vaccination was unsuccessful, had the disease, but recovered.

"W. T. C., of Birmingham, developed smallpox. His wife was promptly and successfully vaccinated and permitted to nurse him through the disease. She escaped any attack."

Dr. R. M. Davis, of Prattville, writes:

"Two young men in good health were exposed to smallpox, one submitted to vaccination and subsequently had a mild attack of varioloid, from which he recovered; the other declined vaccination and soon afterward died from a severe form of smallpox."

Dr. W. D. Gibson, of Autaugaville, writes:

"Smallpox entered a family of eight persons, consisting of husband, wife and six children. All had the disease except the wife, who nursed the others—all in one room. The wife was the only member of the family who had ever been vaccinated, and, although her vaccination was more than fifteen years old, yet it protected her."

Dr. Wrenn, of Talladega, writes:

"A young lady belonging to a family of eleven persons, developed smallpox. The other members of the family were promptly and successfully vaccinated and all escaped the disease."

Dr. Thorington, City Physician of Montgomery, writes:

"The only death from smallpox among the white patients in the Emergency Hospital since my administration began was that of a lady who had never been vaccinated. Her attack was of the worst type of the disease."

Dr. Prather, of Seale, writes:

"An old lady, vaccinated in girlhood, waited on her son-in-law through an attack of confluent small-pox without developing a symptom of the disease."

Dr. Stovall, of Jasper writes:

"The son of Dr. C. developed small-pox. Dr. C. promptly vaccinated and re-vaccinated the other seven members of his family, all of whom escaped the disease."

Dr. Hestle, of Monroe county, writes:

"In 1897 small-pox was introduced into the family of Mr. J. J. F., consisting of eight persons, all of whom were equally exposed to the infection. Only one daughter escaped the disease, she having been vaccinated a year before; the others had never been vaccinated."

Dr. L. W. Johnston, of Tuskegee, writes:

"Small-pox appeared in the Tuskegee Normal School (colored), more than fourteen hundred people being on the grounds. When the disease was discovered fourteen cases existed.

"By prompt vaccination and isolation the disease was arrested, without interrupting or seriously disturbing the exercises of the school. Only eighteen cases developed after the presence of the disease was recognized, and they occurred among those who had been exposed to and had contracted the disease before the above mentioned measures were instituted."

Dr. J. E. Wilkinson, of Prattville, writes:

"Mr. M., of this place, contracted small-pox and had a violent attack. His family consisted of wife, child and mother-in-law. The wife had the disease in confluent form and was left pitted and scarred; the child died with the disease. The mother-in-law, aged sixty years, nursed them all and escaped the disease. She was the only member of the family who had ever been vaccinated, and, although her vaccination had been done fifty years before, the scar on her arm explained her immunity. The mother-in-law first nursed Mr. M., then Mrs. M.; then, the child, having slept with the latter during its illness. She also washed all of the soiled linen from the three cases, consequently, her exposure was prolonged and intense. She escaped without a symptom of the disease.

"Five other persons were exposed to this family, three of whom had been vaccinated and two had not. The latter had the disease, the former did not.

"Mr. C., a conductor on the L. & N. Railroad, contracted small-pox and died. The other members of his family, seven in number, were protected by timely vaccination.

"Mr. K., a merchant, contracted small-pox. His family of nine persons were promptly vaccinated and all escaped."

Dr. Fant, of Tuscaloosa, writes:

"No case of small-pox, within my knowledge, has occurred in a person who had been properly vaccinated. Had it not been for compulsory vaccination in this city an epidemic of small-pox would have resulted from the recent outbreak here."

Dr. Thetford, of Talladega, writes:

"A young lady, an operative in the cotton mills here, developed small-pox in a household of thirteen or more persons. The ten persons most exposed were promptly vaccinated, and although the patient remained in the house thirteen days before being removed to the small-pox hospital, during which time the ten persons who had been vaccinated freely mingled with her, they all escaped."

The Doctor further says:

"With a population so migratory and unclean as our negroes are, the only protection against constantly recurring outbreaks of small-pox lies in a law of compulsory vaccination. It would be far less expensive to render the population of the State immune to small-pox by vaccinating all persons in childhood and youth than to be continually forced to suppress outbreaks of the disease. Besides, youth is the most favorable period of life at which to obtain the best results from vaccination."

Dr. Schoolar, of Centerville, writes:

"A. F., colored, developed small-pox. Six other negroes were in the house with him. After the eruption had fully developed on the sick man the exposed negroes were vaccinated, only one of whom developed the disease and that in mild form.

"By order of the county commissioners the guards were prematurely removed from the infected house. Communication was thereby permitted between the infected house and a neighboring negro house, ten inmates of which contracted the disease, they not having been vaccinated.

"A gentleman developed small-pox in a household of eleven persons, all of whom were promptly vaccinated. All escaped the disease except one, whose vaccination was not successful."

Dr. Wheeler, of Huntsville, writes:

"In February last Mr. J. M. K. developed small-pox in the Huntsville Hotel. I had him removed to an unoccupied house and employed a negro man, unprotected either by vaccination or a previous attack of the disease, to nurse him, no immune person being available at the time. The negro was successfully vaccinated in three or four places, and although he remained in a close room, day and night, with Mr. K. for five or six weeks, he escaped an attack of small-pox.

"Mr. B. H., recently married, developed small-pox in a large boarding house. His bride, who had never been vaccinated, insisted on remaining with him, as nurse. She was promptly vaccinated and permitted to do so. She did not escape the disease entirely, but had a very mild attack. Probably not more than twenty-five points of eruption appeared upon her entire person, and she was never sick enough to keep her bed. The husband and wife were kept closely confined to their apartments, and all others in the house, including nursing infants, were vaccinated. All escaped the disease."

Dr. Seay, of Fayette county, writes:

"Mrs. S., living three miles west of New Lexington, had a well-marked attack of small-pox. Her husband, who had been vaccinated a year before, remained with her as nurse, and escaped any attack of the disease."

Dr. Huggins, of Newberne, writes:

"A negro, F. W., broke out with confluent small-pox. I promptly and successfully vaccinated his wife and four children and, although they ate and slept in the same room with the sick man throughout his spell, none of them had the disease.

"N. C., colored, was attacked with a severe form of small-pox. His wife was vaccinated and remained in the same room with him throughout his attack without falling a victim to the disease.

"At the time the above mentioned cases occurred the inhabitants of my town, both white and black, and numbering several hundred, were vaccinated. But two other cases of the disease occurred, and they were in the persons of two negro children, who were overlooked in the general vaccination that had been done."

The Doctor further says:

"At various times for the past thirty-five years I have had considerable experience in treating and fighting small-pox, and I know that vaccination is the most effective means of preventing the disease."

Dr. Whitfield, of Uniontown, writes:

"During the past five years I have vaccinated over two thousand people in and around Uniontown. I have never known a case of small-pox to occur in a person who had been successfully vaccinated.

"A negro on the Houston place developed small-pox. I promptly vaccinated all the other members of the family with virus which I feared at the time was too old to be good. Only one vaccination proved successful, but it protected the subject. All of the other negroes in the house had the disease.

"Last January I received a note from Mr. W. T. Ervin, manager of the King place, stating that there were four cases of small-pox on the place, and that he wished me to come out and make a general vaccination. I went and vaccinated Mr. E. and all of the negroes, one hundred and forty-six in number. There has never been a case of small-pox on that place since."

Dr. E. C. Anderson, of Anniston, writes:

"I have seen small-pox in many families, a portion of the members of which had been successfully vaccinated, the remainder had not. Invariably, the disease attacked those who had not been vaccinated, and did not attack those who had been."

Dr. Wilson, of Demopolis, writes:

"In 1895 I vaccinated three white persons, in two of whom the vaccination was completely successful; in the third it was wholly unsuccessful. In 1898 these three persons were at the same time and equally exposed to a case of small-pox. The two in whom the vaccination was successful escaped the disease, the third one, in whom the vaccination was unsuccessful, had the disease."

To the above testimony in behalf of the protecting power of vaccination I desire to add the following instances, which have come to my knowledge:

Small-pox entered the family of Mr. G., residing near Fail, in Choctaw county. The family consists of thirteen persons—Mr. G., wife, and nine children, together with two elderly ladies. Eleven of the thirteen had the disease. Mrs. G. and one of the elderly ladies escaped, they being the only members of the family who had ever been vaccinated. Mrs. G.'s vaccination was about fifteen years old and that of the elderly lady about sixty years old.

Small-pox was prevailing in a certain city. A gentleman called in his physician to vaccinate his family, consisting of wife and six children. All were successfully vaccinated except the wife, she objecting to vaccination on account of the prospective number of little sore arms she would be compelled to look after, and insisting that as she expected to remain at home she would be in no danger. The colored cook, who resided away from the premises, unconsciously brought the infection to the house in her clothing, and communicated it to the lady. When the latter was taken sick, small-pox not being suspected, the children had free access to her room, and some of the little ones were at times on the bed with her. When the eruption appeared the children were removed, none of whom took the disease. The husband remained and nursed the wife through her attack, with entire immunity from the disease.

The above recital of facts tells its own story, and reduces the proposition that vaccination protects against small-pox to a demonstration.

Further comment is unnecessary.

HYPERTROPHIC ELONGATION OF THE CERVIX UTERI, WITH COMPLETE EVERSION OF THE VAGINA FROM FIBROID TUMOR OF THE CERVIX. RESTORATION BY SUPRAVAGINAL AMPUTATION OF THE CERVIX AND INVERSION OF THE VAGINA.

By George Henry Noble, M. D.,

ATLANTA, GA.

Mrs. H., a tall countrywoman, came to me from the mountainous region of Georgia on January 25, 1894. She stated that shortly after her first confinement, which occurred eight and a half years before, she discovered a tumor, about the size of an ordinary marble, growing upon the neck of her womb, which, after a childbirth two and a half years later, had grown to the size of a hen's egg. From this time she dates the prolapsus, the tumor having escaped from the vagina. She had not suffered much except from the discomfort of aching and dragging sensations. At that time the lower extremity of the tumor ulcerated, but afterward healed, and, two months before admission, ulcerated again, from which she suffered the effects of absorption—accelerated pulse, elevated temperature, chills, profuse diaphoresis, etc.—until she became anemic and more or less emaciated. The family history was good.

The condition on admission was as follows: Temperature, 102.4 degrees; pulse, 116, weak and compressible; respiration, 22 per minute; menstruation normal; bowels recently constipated; painful and frequent urination, and at times incontinence of urine. The urinary analysis disclosed nothing abnormal except a diminished excretion of urea. Vaginal discharges profuse and mucorpulent in character; heart and lungs negative.

Inspection showed an egg-shaped fibroid tumor, about nine inches long and six inches in diameter, attached by a pedicle on its side to the upper right margin of the os uteri. There were five superficial ulcers, three upon the anterior and two upon the posterior surface of the tumor, averaging the size of a silver dollar. The vagina was completely everted, not even a sulcus remained within the vulva. The bladder and rectum were turned out through the vaginal orifice, and formed deep pouches in front of and behind the mass. The cervix was as large as an ordinary-sized man's wrist, and elongated sufficiently

to permit extrusion of the vagina, while the fundus uteri was near its normal position. The cavity of the uterus was three inches deep, that of the cervix seven inches, making a total of ten inches. The round ligaments were very much hypertrophied and felt like cords larger than lead pencil. Other pelvic organs seemed free from disease.

As hysterectomy is often unsatisfactory in procidentia uteri, I determined to do a supervaginal amputation of the neck and replace the everted vagina, knowing that the supports were equal to the task of sustaining the parts.

The operation consisted in the usual circular incision dissecting off the bladder, rectum and postuterine peritoneum from the cervix for a distance of six and a half inches and amputation of the cervix at the internal os, ligating the uterine arteries and other large vessels as they were encountered. The parts were very vascular; many of the vaginal branches were as large as a small quill; consequently the operation was tedious, frequent ligation being necessary. After removal of the neck of the womb the vagina was stitched to the stump by four mattress sutures introduced an inch back of the margin of the vagina, then through the walls of the uterus, beneath the cut surface of the stump, emerging from the cervical canal, then passed in the reverse direction and tied on the surface of the vagina. These sutures served the double purpose of closely applying the vagina to the stump, especially in the angles of the wound, and of controlling oozing from the uterus. The margins of the vagina were fastened by superficial cat-gut sutures to the mucous membrane of the cervical canal, and the remainder of the wound closed in a transverse line, except at the angles where the drainage was provided for. The vagina was dressed with gauze to prevent pouching or pocketing between the opposing raw surfaces. Thirty-eight minutes were consumed in performing the operation.

She made a very fair recovery, considering her condition at the time of the operation. The suppurating tumor having been removed, the temperature dropped, but on the seventh day, when the mattress sutures cut in the tissue, the temperature reached 103 degrees, but came down immediately upon the removal of the stitches. From that time on her recovery was uninterrupted. The uterus mounted higher in the pelvis, the vaginal orifice contracted to some extent, and the vagina, rectum and bladder remained in their normal position.

She was dismissed on the tenth day and returned to the laborious duties of a mountain farmer's wife. She remained without any tendency to recurrence of the prolapsus.

Selected Articles.

THE EVIL OF THE DOCTOR'S DRUG STORE.

Hughes in New York Medical Journal.

Sir: Oliver Wendell Holmes suggested that there might be an idiotic area in the human brain corresponding to the blind spot on the retina. Admitting such a condition, the medical profession must surely have been governed by impulses originating in this particular region when it created and fostered an institution so inimical to its own interests and the interests of humanity as the modern drug store. The drug store of today is, to a large extent, a combination of novelty or racket store, an emporium for patent medicines, a shelter for counter-prescribing and substituting knaves, in all prohibition towns a saloon, and, last, a doctor's dispensary.

This dispensary in the ordinary country towns uses its prerogative to dispense with the labor of a pharmacist. Any smart, neat fellow will do just as well for less pay. The reason for this economy is that the doctor and the drug store keeper are one, and he likes to cut down expenses. The doctor, or the man who works directly for him, gets in his quarterly supply of patent medicines and it goes before the public under the patronage or auspices of the doctor in charge.

"Smith's" or "Jones's" drug store, which means to the people Dr. Smith or Dr. Jones, sings the praises of some nostrum in bad verse in the columns of the local newspaper or recounts the virtues of other nostrums. Patients come to the drug store with a prescription from Dr. Somebody, and they see in the most conspicuous places, after they have picked their way through piles of holiday goods, rocking horses, and family Bibles, those large rectangular packages warranted to cure all sorts of diseases, with a promise to refund the money if it fails. The strong man is strangling serpents on somebody's nervine in a way that would make old Laocoon green with envy; the mild countenance of a prim elderly woman smiles on them reassuringly. A healthy-looking individual on Dr. Blank's new medical discovery beckons them. Another sure cough cure takes their eye, and so on.

By what occult science is an unfortunate patient to know that he has reached the land of liars? How is he to learn that what is here printed and bears all the evidence of earnestness and good faith, even the testimony of clergymen and statesmen, is simply catch-penny claptrap to wheedle a dollar out of his pocket? Even the doctor whose

prescription he carries, keeps these things for sale, so his heart goes out to these mysterious packages invented by a great doctor in some far-away city and put up by hands he has never seen. The dingy, dirty dispensary has no charms for him, and he naturally loses faith in the insignificant little bottle of medicine compounded by a boy he has seen "licked" in the last football game, and prescribed by a doctor whom he knows, for a fact, to be an ordinary mortal, subject to town taxes and water rates, when he can get for the small sum of one dollar a full pint bottle of the remedy of a great, mysterious, unknown doctor who hasn't to descend to the vulgar methods of finding out what ails him.

The doctor cannot well advise against the goods he carries in his own store, and the question here arises, What harm does it do? Some people are always tinkering at themselves and taking something for imaginary ills, and patent medicine, except for the alchohol it contains, is, as a rule, a very simple compound. But the fact remains that patent medicine comes between the doctor and the patient at the very stage of some of the most deadly diseases when the doctor's advice and care are a matter of vital importance. Patients are using nostrums during the early stages of cancer uteri, and only see a physician when there is too much involvement for safe action. Incipient Bright's disease, when professional instructions as to diet, habits, etc., are so urgently called for, is treated with other nostrums. That most deadly of all diseases, tuberculosis, seldom reaches the doctor's office until, under the benign influence of proprietary expectorants, the patient has reached that stage where labor is vain. Persons with anæmia are drenched with the whole line the drug store carries before a physician's advice is sought. And so on to the end of the chapter.

The question now at issue is, What can be done to prevent this state of things? and we are told in answer that the people must be educated; but the people are being educated, and educated along wrong lines, by the doctors themselves. We should never forget that the most common, yet the proudest, appellation of a member of the medical profession is "doctor," which means "teacher." And we have taught with a vengeance. The result of our doctrinal inculcations since the days of Hippocrates to the present is a swarm of quacks and a supreme ignorance on the part of the people as to what is to be expected from a doctor. We are still looked on by part of our clients as devils, and by the other part as miracle-workers. But, not to wander too far from the drug store, what can be done with it as a propaganda for fake slops? The law will not stop these productions, but the doctor can withhold his patronage by standing aloof from the drug store business and refusing to send his prescriptions to shops where they carry such a line of articles. Then patent medicine makers will be

obliged to dispose of their wares at some other business stand. Let the people get their "safe cures" and their "sure cures" and their "discoveries" where they get their axle grease and kerosene oil, and the curative halo will soon depart from them. It may be argued that in a small town a dispensary cannot exist of itself, but if the business is so small, the doctor can dispense directly—an old and very convenient custom, especially in these days when medicine is put up so neatly and in such small bulk. In conclusion, I would say that this is not written with any animus against the men who make their living by running a novelty store with a dispensary in the far end of it, but with a strong desire to call the attention of medical men to the fact that honest medicine and patent medicine are incompatibles, and the sooner they are divorced the better for the good of humanity and the honor of the profession.

CIRCUMCISION AS A PREVENTIVE OF SYPHILIS AND OTHER DISORDERS.

Simple as the operation is, certain details must be observed in its performance if the result is to be successful for the special purpose which one has in view. It must ever be borne in mind that the special object to be attained by circumcision as a preventive of syphilis is not only the removal of the prepuce, but, as far as possible, the obliteration of all folds about the glans. The advice usually given to the novice is to be careful not to remove too much skin. Consequently too little, rather than too much, is often removed. The result is that the retro-preputial fold still persists, a matter of some moment from the present point of view. The incision should be made in such a way as to be oblique from above downward and forward, and slightly concave forward; so that when the skin retracts it may sit snugly behind the corona. In other words, the plane of the incision should be as nearly as possible parallel to the plane of the corona. The reflected layer of the prepuce—the so-called mucous layer—which has been left untouched by the first incision, should, after being slit up and reverted, be carefully trimmed around the coronaglandis is such a way as to allow the cut edge to come neatly into contact with the cut edge of the part first removed. A wedge-shaped piece of the frænum should always be removed. By so doing the folds which exist on either side are obliterated and the œdematous nodule which is liable to form at this point is prevented. All rough and unnecessary manipulation is to be avoided, as œdema is easily produced. It is personally thought that any community among which syphilis is rife and which imposes upon itself the obligation to circumcise every male child who appears in its midst will

confer a great and lasting benefit upon its members, both present and yet to be, at an infinitesimal outlay.—E. H. Freeland (Lancet, Dec. 29, 1900).

SOME SUGGESTIONS ON THE MANNER OF USING PROTARGOL.

Having passed the experimental stage it may now be safely asserted, on the ground of the remarkably extensive literature published, that protargol is one of the most important additions to the materia medica of recent years. Aside from its general use in the treatment of gonorrheal affections it has to a great extent displaced nitrate of silver in diseases of the eye, ear, nose and throat. To obtain uniformly good results attention has been lately drawn to the importance of exercising proper care in making the solutions, a point which has been especially emphasized by Professor Neisser. A clear and satisfactory solution can be secured in any one of the following ways: Stir the protargol powder into a thick and smooth paste with a little cold water, and then add the bulk of the fluid. This should be done in a glass or china vessel, using a glass rod; if in a mortar, the latter as well as the pestle should be slightly moistened with a few drops of glycerine. Protargol may also be readily dissolved by dusting the powder evenly upon the surface of the water and allowing the fluid to stand without stirring for about ten minutes. It is very essential that only cold water should be used in making the solutions, as with warm water the drug is to some extent decomposed, and then becomes less active and may cause irritation; for the same reason the solutions should be preserved in dark colored yellow bottles. In acute gonorrhea the average strength of the solutions ranges from one to ten grains to the ounce; in chronic urethritis, up to thirty grains; in diseases of the eyes, ears, nose and throat, ten to sixty grains; as an application to wounds and ulcers, one to two per cent. solutions and five per cent. ointments are in use. Unlike nitrate of silver protargol does not stain the skin even in concentrated solution. The solutions commonly employed in gonorrhea also do not produce stains of the clothing, or if they do, only cause light discoloration, which can be removed with warm soap water. The much stronger solutions of twenty to fifty per cent. sometimes leaves behind brownish-yellow stains on the clothing, if recent, they can be removed with soda and ammonia; if old, by the action of peroxide of hydrogen in the presence of ammonia.

Editorial.

JNO. C. LeGRAND, M. D.,.....Editor and Prop.

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We cannot promise to furnish back numbers.

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Medical Association of the State of Alabama.

Dr. S. G. Gay, Chairman of the Committee of Arrangements, has announced the following program of the Medical Association of Alabama, which will convene in Selma, April 16, and remain in session four days. It will be of general interest to the medical profession throughout the State:

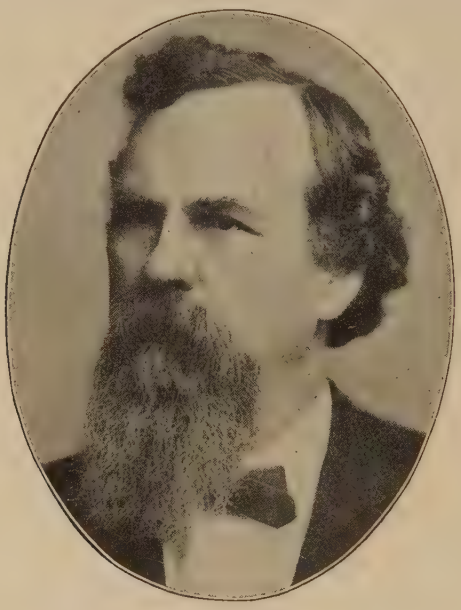
FIRST DAY.

1. Call to order at 12 m. by the President, Russel M. Cunningham.
2. Prayer by Dr. A. J. Dickinson.
3. Address of Welcome, by Dr. W. McLean Pitts, of Selma, President Dallas County Medical Society.
4. Address of Welcome, by Mayor A. L. McLeod.

5. Annual Message of President Cunningham.
6. Report of Senior Vice President, S. G. Gay, M. D., Selma.
7. Report of Junior Vice President, W. T. Pride, M. D., Madison
8. Report of Secretary, G. P. Waller, M. D., Montgomery.
9. Report of Treasurer, H. G. Perry, M. D., Greensboro.
10. Report of Publishing Committee.
11. Report of Special Committees.
12. Miscellaneous business.

EVENING SESSION.

1. Call to order.
2. Historian's Address, by J. G. Palmer, M. D., Opelika.



JOHN PERKINS FURNISS, M. D.,
Censor, M. A. S. A.,
Selma, Ala.

4. Pernicious Vomiting in Pregnancy, M. B. Cameron, M. D., Sumterville.
5. The Therapeutic uses of Water, A. M. Stovall, Jasper.
6. Ovarian Cysts, R. S. Hill, M. D., Montgomery.
3. The future outlook of medicine is toward prevention, R. C. Bankston, M. D., Birmingham.

SECOND DAY.

1. Call to order.
2. Unfinished business.

3. The Pathology and Treatment of Retro-Uterine Displacements, J. A. Goggans, M. D., Alexander City.

4. Endometritis, its Treatment in the Home, with reports of cases, C. S. Chenault, M. D., Mt.. Hope.

5. Reflex Neurosis in Women, E. B. Ward, Selma.

6. Jerome Cochran Lecture, Wm. Osler, M. D., L.L. D., Baltimore.

7. Acute Entero-Colitis in Infancy, L. W. Johnston, M. D., Tuskegee.

8. Pathological Conditions Causing Abortion and Premature Labor, with Report of Cases, F. A. Webb, M. D., Calvert.

SAMUEL GILBERT GAY, M. D.,
Senior Vice-President M. A. S. A. and Chairman Committee of Arrangements,
Selma, Ala.

GOLDSBY KING, M. D.,
Selma, Ala.

9. Moral and Legal Responsibility in Paranoia and other Abnormal Mental States, W. G. Somerville, M. D., Tuscaloosa.

10. Mortality in Prison Population, Judson Davie, D. C., Cowikee.

11. Prevention of Infectious Diseases, T. A. Casey, M. D., Abbeville.

AFTERNOON SESSION.

1. Call to order.

2. What is the Best Closure and Dressing in Aseptic Cases? Goldsby King, M. D., Selma.

3. The Microscope in the Hands of the General Practitioner, G. Heustis Fonde, M. D., Mobile.

4. Peculiar Forms of Malaria, H. T. Inge, M. D., Mobile.

5. Hydrocephalus: Its Most Logical Theory, and the Operations Based on Same. H. M. Hunter, M. D., Union Springs.

6. Diseases of the Tennessee Valley, M. W. Murray, M. D., New Decatur.

7. Climatic Effects in Talladega County on Diseases Common in Alabama, S. W. Welch, M. D., Talladega.

EVENING SESSION.

1. Call to order, 8 p. m., Opera House.

FRANK GOODWIN DuBOSE, M. D.,
Selma, Ala.

CLEMENT RITTER M. D.,
Selma, Ala.

2. Monitor's Address, W. E. B. Davis, M. D., Birmingham.

3. Annual Oration, W. G. Harrison, M. D., Talladega, followed by a luncheon at Hotel Albert, tendered by Dallas County Medical Society.

THIRD DAY.

1. Call to order.

2. Unfinished business.

3. The Widal Re-action of Typhoid Fever, E. A. Jones, M. D., Birmingham.

4. Anaesthesia and Anaesthetics, S. A. Billings, M. D., Montgomery.

5. The Medical Profession in Politics, J. C. LeGrand, M. D. Birmingham.

6. Medical and Forensic Importance of Reflexes, W. T. Eckley, M. D., Chicago.
7. Axis Traction Fasceps, J. P. Furniss, M. D., Selma.

AFTERNOON SESSION.

1. Call to order.
2. Unfinished business.
3. Pathology of Burns, G. S. Brown, M. D., Birmingham.
4. Intra Venous Saline Infection, J. M. Mason, M. D., Birmingham.
5. Pronoted Foot, M. Hoke, M. D., Atlanta.
6. ———, J. H. Edwards, M. D., Wylam.

SAMUEL KIRKPATRICK, M. D.,
Selma, Ala.

WILLIAM WADE HARPER, M. D.,
Selma, Ala.

7. Neglected Therapeutic Measures, W. W. Sanders, M. D., Mobile.

EVENING SESSION.

1. Call to order.
2. Remarks on the Administration of Anaesthetics, B. B. Rogan, M. D., Selma.
3. Cocaine Anaesthesia by Lubor Puncture, S. G. Gay, M. D., Selma.
4. Nephrolithiasis, U. T. Peters, M. D., Birmingham.

FOURTH DAY.

1. Call to order.
2. Unfinished business.
3. Report of Board of Censors.
4. Revisions of the four rolls.
5. Election and Installation of officers.

Communicated.

Editor Journal: The recent cyclone experience through which we have passed, rendered a meeting at our last stated time impossible. At that time I intended to offer some resolutions and reasons for the establishment of a permanent home of the association in the city of Birmingham. As the time of meeting of the association is so near, I would ask that you publish the following in the Journal, and if our society desires to act upon the suggestion it can be done at a called meeting:

I have been a member of our society for more than five years, and have attempted in a modest way to contribute my quota in papers. I have never taken part in discussion of the affairs of the society, or its relations to the State Association, deferring that to those more conversant with the subject. I have ere this, I hope, demonstrated my interest in our society, and my pride in our State organization which, though imperfect, is the best, likely in any State of the Union, reflecting glory upon the originator and credit upon the perpetuators. Lets continue to maintain its high standard, and advance it progressively with the spirit of the age, and would offer a motion in support of the resolutions. That a committee of three be appointed by the President to draft suitable resolutions for presentation to their State Association, embodying any views which may be held concurrently by the society on this subject. Said committee to be open to suggestion, and receive the views of any members on the subject, who may be sufficiently interested, the committee to give such views necessary deference, in a decision and to compile therefrom suitable resolutions embodying the major views of the society and present same at our next meeting for action by the society. I would like to offer some reasons why Birmingham should be the home of the State Medical Association.

First. It has the largest, best equipped Medical Society.

Second. It is the greatest railroad center in the State.

Third. Climatic, social and industrial conditions will always render a visit to Birmingham agreeable.

Fourth. The facilities for entertainment are first-class and ample.

Fifth. It is growing rapidly and will continue so until it becomes the metropolis of the South.

Sixth. We believe a more liberal bonus as aid to erecting and equipping a permanent hall, lecture rooms, museums, laboratories, etc., can be secured here than elsewhere in the State.

Seventh. Hospital facilities are better than any other city in the State and are still increasing. This is preeminently the best point for opening a post-graduate university extension course of condensed clinical lectures, thereby saving the busy practitioner the time and expense of a trip to New York, Chicago or Baltimore occasionally for special study.

Eighth. While some of this argument may be considered a little previous, yet it is patent and deserves your thoughtful attention.

A home for the Association or a medical building in this city would also be home for our society and will sooner or later recognize as imperative; if we would get the scientific results, which should be the aspiration of the organization, I hope the association is prepared to develop beyond the stage of social intercourse, and recreation, and renounce its nomadic plans of the past for the higher work of permanency, and make it a fountain source of highest information. There is no need for delay, and no sentiment of past usage and custom should exist, to impede the onward progress of enlightenment in medical advancement, nor retard the accomplishment of what will eventually be realized as our greatest need. To obtain which, we could well afford to donate a good sum toward fulfillment. I am sure the liberal minded members of this society would subscribe and solicit a sufficient sum to purchase a lot and donate same to the association, reserving the right of use in perpetuity. I believe the intelligence of the city will be with us and will give substantial aid. They will realize the importance of such undertaking to the city and will encourage it for the good to accrue from having such an intellectual centre among them. They will recognize the bearing it will exercise, as an educational factor. I believe that if the matter were properly presented to the public a good sum could be raised ample for a lot, with a nice surplus, as a nucleus toward erecting a suitable building.

Those doctors who feel the need of certain clinical instruction could subscribe the amount necessary to have a competent instructor come here, deliver and demonstrate the course which would cost them collectively several times the amount in money and time if obtained elsewhere.

To illustrate, a four weeks course in New York would cost in board and travel, say one hundred dollars, while a single ticket would be, say fifteen dollars. Now include the aggregate time lost and you have an outlay of three or four hundred dollars. The professor could be brought

here, give two lectures daily and do the course in two weeks for, say three hundred dollars. Now suppose thirty-five would subscribe to it at a cost of ten dollars each—you could have the course and pay all expenses for less than 5 per cent. of what the trip off would cost. If more tickets than one were taken, while off, it would modify the proportion, yet the result would be practically the same.

There is no need for me to set forth other good reasons for the attempt to locate the organized head of the association here, but if it is done and could the doctors of the State feel that they could come to Birmingham and hear a course of clinical and didactic instruction on a subject of interest they would appreciate the importance of the undertaking, and help it because of the economy in means and time afforded. I believe the facilities of Birmingham are equal to this outline of post-graduate work. What we need is organization in effect. Concentration of means, preparation of facilities, unanimity of action, to insure success, in launching one of the greatest intellectual efforts yet undertaken by our association.

In this connection I would like to offer two other resolutions as a part of the subject under consideration.

Resolved, That it is the sense of this society that the State Association go on record, as being willing to endorse any measure that will give the profession a great central university of medicine and place for mental training that would equip the doctors of our country to stand before the world preeminent as leaders in medical and surgical progress.

Resolved, That it is the suggestion of this society, to the profession and the medical colleges of our country, that in furtherance of progress and advancement required in the practice of medicine and adjuvants intelligently, that a five years graded course of teaching is essential to develop the superiority so earnestly desired of the future doctor.

R. C. Bankston.

ELECTROLYSIS IN TREATMENT OF TUMORS.

The electrolytic treatment of benign and malignant tumors, like their etiology, is based on radically different principles.

In treating malignant tumors by electrolysis the aim is to produce in one operation, by the action of the anode, the necrotic destruction of the tumor and of all the infectious germs of the surrounding tissues. This must be accomplished in the first stage of the disease, so long as the tumor is local, the lymphatic glands are not yet affected, and the distant organs are free from deposits. The effect of such an electrolytic operation is the disappearance of all morbid symptoms, and a complete recovery without relapse.—W. B. Neftel (Med. Record, Dec. 8, 1900).

Osteopathy.

Gaillard's Medical Journal says:

"We have it on the authority of the New York Medical Journal that there has recently been introduced in the Wisconsin Legislature a bill providing for the formation of a State Board of Osteopathy. The aim of the Osteopaths in attempting to secure the passage of such an act is to acquire the right to practice osteopathy—whatever that may be—without having to satisfy the requirements of the Board of Medical Examiners.

"It is to be hoped and confidently expected, that the representatives of the good people of Wisconsin will not permit the passage of any such act.

"The profession feels that it is not worth its while and that at the same time it is somewhat beneath its dignity to take any cognizance whatever of the fakirs who under different names and in various guises offer themselves to a trusting public as the very latest thing in cures. And this is no doubt true. The life of most of these delusions is ephemeral and they die out more completely and more quickly if let alone. For opposition, in less than a paralyzing dose, is a stimulant.

"But when it comes to such a pass that one of these quack systems has the temerity in the full light of day to ask for State recognition it is time for the honest gentlemen of the profession to make their protest heard.

"No doubt the Medical societies of Wisconsin have done so. It does seem strange that at the end of the enlightened century and at the beginning of one in which it is to be hoped that knowledge will not retrograde, any large number of people should be found willing to entrust themselves in sickness to men on the face of things unprepared to recognize what the trouble is. It is all very well to say with Commodore Vanderbilt, 'The public is a —— fool,' and to hope that this like its other follies, may have its day and cease to be. Does not some responsibility for the education of the public rest with the profession?

"The average layman does not comprehend at all the relation of diagnosis to successful treatment nor yet the necessity of training and experience for the power to make a diagnosis. The atttitude of the physician toward his patient has been from time immemorial: 'My dear fellow, place yourself entirely in my hands. I am the doctor. Here is something (in Latin—mysterious) to cure you. Don't worry, I'll see you to-morrow.' And the layman does not understand that his good physician sees a dozen untoward courses that his disease may take, and that he stands by, watchful, to avert them if possible.

"For he does not know, and who can blame him, that medicine does not consist in the administration of drugs.

"Homœopathy, in its lingering tenth dilution, still fogs the eyes of many of the people. But it has performed one good office. It has greatly helped to clear the mind of the profession as to the comparative inefficacy of remedies it used to trust. May it not be that from the Christian Scientist and the Osteopath there is a grain or so of wisdom to be won?

"Let us tell the public as often as we can that it is the function of the physician to act as a watchman, and sometimes when it is necessary for the safety and comfort of his patient's life, to interfere with medicine or the knife. That it is the ability to recognize the time of that necessity that the State vouches for the holder of its license to practice medicine. Meanwhile it is the duty of the profession to the public and itself to use every effort toward the establishment everywhere of a uniform pre-requisite to the giving of advice to the sick, and that the right to practice medicine be withheld from those ignorant of anatomy, physiology and pathology in its widest sense. Then if a man trained in the recognition and knowledge of disease be willing to postitute his powers in the pursuit of any ism or pathy, let him go. Perhaps some day we shall have accredited psycho therapeutists in a larger field—who can tell? But let them be graduates in medicine first."

A Doctor's Widow on the Warpath.

The Maryland Medical Journal furnishes the following interesting narrative of a woman as a smasher:

"The State of Kansas has been agitated and other States highly entertained for a month past by the extraordinary campaign of a woman against the unlawful liquor traffic. The prohibition experiment has had a long trial in Kansas, but the large towns are none the less infested with with liquor saloons. A middle-aged lady, having satisfied herself by appeal to the constituted authorities that the "joints" would not be closed by legal process, has undertaken with her own hands and a hatchet to smash "joint" after "joint" till the business is completely disarticulated. Always before proceeding with her fatti maschii she tries the force of argument and entreaty upon the saloon man.

"Her own career of joint-smashing was interrupted by a brief imprisonment in Topeka, but her style of warfare has grown into popular favor so far that there are now several bands of joint-smashers in the State. One at least of these bands calls itself an army, 'The Army for the Enforcement of Law,' and this organization has given evidence of its regard for law by offering the assistance of 300 armed men to prevent the lynching of a prisoner in the same jail with Mrs. Nation. There has, of course, been some shooting, and one person, a saloon-

keeper's wife, has been killed, but the smashers are for the most part in sober, dreadful earnest.

"Whether this appeal of the people to force is right or wrong is not for us to say. It can be fully justified by success.

"The mental characteristics of the leader of this movement are interesting. She claims Divine guidance. She got her first husband in the ordinary way. He was a doctor, and died of 'hell broth.' Then she prayed for a new husband, and got a reformed editor. Eight years ago she smashed all the 'joints' in Medicine Lodge, and the results were permanent. Up to this time she has not been impelled to smash any animate thing. The blackened eye of a dissolute woman in one of the 'joints' filled her with pity, and she was more deeply touched to learn that the injury had been inflicted by her own nephew, a saloon man. But she engaged this young man as her advance agent. She seems a rather easy mark for practical jokers, and is not sensitive to ridicule. Court proceedings in her case have been enlivened by her repatedly arising and addressing the judge as 'Your Dishonor.' In cities where the liquor traffic is legalized she has been wise enough to employ her tongue and withhold her hatchet. Although she has spoken a great deal in public, the newspapers have not found two consecutive sentences worth reporting.

"The mental obliquity of this petticoated Quixote seems to be that of the typical American crank, but the success of her enterprise may gain for her a diagnosis of some dignified sort of lunacy."

MAXILLARY BONES, NECROSIS OF.

Treatment.—In necrosis of the maxillary bones there must be general supporting treatment: good food, open air, tonics, codliver-oil; in the acute state free catharsis, and if the pain be severe opiates serve a good purpose. Locally, cold applications may be useful at first, while later heat will be of more service. Scarification, free blood-letting, counter-irritation, hot-water bags, all are of value. If pus be present, the indication is to give free and efficient drainage. After the acute symptoms have subsided the pus should be washed out frequently with a permanganate-of-potash solution. No attempt should be made to remove the dead bone until it has become separated from the living. In such minor cases as are the result of slight injuries or inflammations of the alveolus the dead bone may be very readily removed without a general anæsthetic with the ordinary dental instruments. The teeth need not be lost, even if a considerable portion of the process be removed, as they may be banded together and held until such times as repair has taken place. In those more extensive cases where a considerable portion of the jaw is involved, it is well to wait until any

support that the dead bone may have afforded is no longer needed before an operation for its removal is undertaken. After the bone is removed the cavity is washed out and packed with boric gauze.—A. E. Webster (Dominion Dental Jour., Nov., 1900).

UTERUS, VAGINAL HYSTERECTOMY, FOR CANCER OF THE.

The conclusions that appear to follow from a consideration of the after-results in 40 cases of vaginal hysterectomy are: (1) that in a certain proportion of cases patients suffering from cancer of the uterus may be relieved by operation for periods of many years—in some cases for so long a time, seven years and upward, that there seems some probability that the relief may be permanent; (2) that the proportion of cases in which this result can be expected must remain very small so long as patients generally only seek advice at a late stage of the disease; and (3) that consequently the great desideratum is early diagnosis. Improvement in this direction depends to some extent on a better appreciation on the part of women themselves of the early symptoms of the disease, and especially of the significance of bleeding after the menopause, or of bleeding at an earlier time of life between the menstrual priods. Early diagnosis, of course, also depends partly on the profession. Especially important is the general recognition of the gravity of the symptom just mentioned. It is equally important also to bear in mind that patients suffering from cancer of the uterus may, and generally do, for a relative long period, look quite well. They may be well nourished, or not infrequently even excessively fat; and, as regards the aspect of the face, they may appear to be in perfect health.—A. H. N. Lewis (Lancet, Jan. 5, 1901).

MOSQUITOES, PROTECTION FROM.

A simple remedy against mosquitoes consists in planting the castor-oil plant (Ricinus communis), or "Palma Christi," around the house and premises. The smell of the plant is disagreeable to mosquitoes and other insects, and it is an acknowledged fact that, where these plants grow, few mosquitoes will be found.

Personal residence is surrounded by plaintain and banana trees, and in the past a great number of mosquitoes gathered between the leaves. Following the example of old settlers in the country, the castor seeds were planted, which grew up in profusion, and there are now no mosquitoes to be found among the plaintain and banana trees—although the ground is kept well irrigated. By keeping branches and the seeds of the plant in rooms, the mosquitoes are driven away from the latter. —E. H. Plumacher, U. S. Consul at Maracaibo ("U. S. Consular Reports," 1900).

Miscellaneous Notes.

Dr. Wyeth Heflin is spending the month in Baltimore, Philadelphia and New York.

On the evening of the 30th of March, Drs. John D. S. and W. E. B. Davis entertained a few of their medical friends at dinner at their hospitable home on the South Highlands. Speaking of the occasion, one of the city papers says:

"Drs. W. E. B. Davis and John D. S. Davis gave an elaborate and beautiful dinner party last night at their residence at Avenue G and Twenty-first street, the distinguished guest of honor being Dr. E. Peabody Gerry of Boston. The decorations were of violets, pink carnations and smilax, while broad pink satin ribbon was used in the arrangement of the flowers, and formed huge bows caught with carnations and violets at diagonal corners of the table. The menu was a delicious one and the occasion assembled the most prominent physicians in the city to meet one of the most eminent men in the medical profession.

"Dr. Gerry is ex-president of the Norfolk District Medical Society and ex-vice president of the City Hospital Club of Boston. Dr. Gerry is also prominent in municipal affairs of Boston, being a member of its present board of aldermen . The guests at the dinner were Dr. Gerry, Dr. R. M. Cunningham, Dr. B. L. Wyman, Dr. L. G. Woodson, Dr. E. P. Riggs, Dr. Lewis Morris, Dr. T. L. Robertson, Dr. George H. Parke and Dr. Talley."
Parkes and Dr. Talley."

The annual commencement of the Birmingham Medical College was held at the Jefferson on the evening of April 1st. The full list of graduates and their addresses is as follows:

Henry Alonzo Darby, Hatchett Creek, Ala.
James Watkins Fennell, Woodlawn, Ala.
James Henry Ferrell, Anniston, Ala.
Anderson Belton Gresham, Greenville, S. C.
Walter Colquitt, Randolph, Ala.
Robert Elias Hogan, Birmingham, Ala.
John Thomas Hunter, Deatsville, Ala.
Leonidas Fenton Jackson, Berry Station, Ala.
Sidney Henry Mann, Speigners, Ala.
Peyton Burford Maughan, Camden, Ala.
Frank Slade Pugh, Windsor, N. C.
Frederick Knox Reynolds, Montevallo, Ala.
Ira Clifton Skinner, Selma, Ala.
Archer Woodward Sims, Birmingham, Ala.
Walter Baker Young, Warrior, Ala.

MOBILE MEDICAL COLLEGE.

The annual commencement exercises of the Mobile Medical College, which is the medical department of the University of Alabama, were held on the evening of April 4th, 1901, at the Mobile Theater. There was a very large crowd present to witness the exercises, and great interest was taken in the various addresses, and the presentation of the prizes and diplomas. The following is the honor roll:

James L. Bryan, Lynn M. Boyd, James G. Donald, James A. Flinn, Robert J. Hargrove, John F. Jenkins, Samuel E. Lambert, Edmond M. Prince, William D. Partlow, Lee N. Roe, Howard Sankey, Andrew J. Wood.

Winner of Bush prize, Samuel E. Lambert, Mobile.

Interne at Alabama Bryce Insane Hospital, William D. Partlow; City Hospital, Mobile, John Felix Jenkins; resident physician, T. D. Bordeaux, interne.

E. E. Forbes

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CLINICAL NOTES AND COMMENTS.

Dr. T. D. Crothers, editor Quarterly Journal of Inebriety, in the January, 1901, number, writes: "Antikamnia has become one of the standard remedies, particularly in Influenza. It is prepared with various drugs in tablet form, the latest, a laxative tablet, with quinine and some mild cathartics, called 'Laxative Antikamnia and Quinine Tablets.' All of these forms are very attractive and palatable. We have never seen a case of addiction to antikamnia, hence we prize it very highly as one of the most valuable remedies for diminishing pain without peril. We have used it with excellent results to quiet the pain following the withdrawal of morphia. We have received from this company many complimentary notices showing the vast influence it has secured among regular practitioners. The object of the antikamnia in 'Laxative Antikamnia & Quinine Tablets' besides its antipyretic and analgesic effect, is the prevention of all griping, nausea and other unpleasant effects generally produced by purgatives when administered alone."

ALETRIS CORDIAL

RIO CHEMICAL CO.
St. Louis, Mo., U. S. A.

Aletris Cordial

Is an emmenagogue, not abortifacient. It cures congestion of the uterus and ovaries, and favors the occurrence of the menstrual discharge. It is also especially appropriate when the amenorrhea depends upon anemia. It regulates menstruation, and is useful in all the derangements of menstruation, namely, amenorrhea, dysmenorrhea and metrorrhagia, provided these disturbances be idiopathic. By curing menstrual disease, a common cause of sterility, it will also cure the sterility. It is also recommended in erosion of the cervix and vulvar eczema.

To the Memory of Dr. G. C. Chapman.

By his friend, Dr. R. C. Bankston.

On March the twenty-fifth, just past,
The sky, with clouds, was overcast,
Which hung, portentious of much harm,
Low, and muttering o'er the town,
The murky air, with wind was stirred,
A sable cover, o'erspread the earth,
Which gathered in its toils, enfolding
Our city and people tightly holding.

The Storm King rode the clouds that day;
The thunder roared, the lightning flashed;
The elements' awful fury crashed
And man sought shelter, in his home;
The relentless wind, with giant force,
Raged and swerved, on destruction bent,
In one wild, turbulent, seething mass,
Man, and home, unto ruin passed.

Oh, Birmingham, fair city,
You shall witness many scenes,
But, none more utterly destructive
Than those of that morn, I ween,
When earth and sky seemed meeting,
And clouds and dust were one
Admixed chaos of infinity,
Which presaged good, to none.

The air was filled with wreckage,
And with shrieks, of fear and pain,
Uttered by the poor unfortunates
Who had to brave the rain,
And wind, and hail of missiles
Which were flying thick and fast
All around them as they shuddered,
Until the storm had passed.

Which, breaking forth with fury,
Sent destruction far and wide,
And rendered desolate many lives
Which were bright and happy, as desired,

Previous to the storm's oncoming
With its thunder, wind, and clouds,
And its life-destroying element
Which o'erspread us, like a shroud.

She will rise, above her ruins,
Like the Phœnix did of old,
And with rejuvenated energies,
Will rebuild her many homes
Which, scattered widely, in confusion,
Look desolate, and most forlorn;
Yet her heart will still be aching,
After all the repairs are done.

We shall rally from the shaking,
Our streets, and homes rebuild,
But, never, never more can we
The hearts and homes refill
With those who were the victims
To the fury of the storm;
But, wait and watch for eternity's call
And meet them, on the judgment morn.

A doctor, in his line of duty,
Was on his round of calls,
And was caught within the vortex
Of that awful, mighty storm;
Strong houses were its playthings
As it swept across the town,
While with debris it scattered
The earth for miles around.

He was crushed beneath its wreckage,
And in a moment, more or less,
His life went out in sadness.
Oh, the thought of such a death!
When his days, so full of promise;
His years, so buoyed with hope;
His heart, and mind, and energies,
Were ready with foes to cope.

His ministering kind attention,
Ever ready at Mercy's call,

To relieve the sickness and disttress
Of affliction, sorrow and toil;
His unselfish urbanity
Endeared him to us all,
Who feel the weight of sore affliction
In his sudden, untimely call.

He was wedded to his work
In broad humanity's cause,
And the lesson his life teaches
Needs no word of wild applause
To call attention to his merit,
Nor the loss that we shall bear
Through his removal, to other work,
In another and better sphere.

His principle of loyal friendship,
His love for what was right,
Were heart outspoken evidence
Of a mind that knew no night,
Nor aught that was dark or dangerous
Did he conceal from friend or foe,
Because he had a conscience
As pure, and white, as driven snow.

When we mortals, altogether
Shall, at God's pedestal come,
May we, in united harmony
And in chorus say, Amen;
For brave Chapman was our comrade
In the fight, against life's foes,
A true and loyal brother was he
In helping relieve man's woes.

Dear friend, you've gone before us
In the journey across death's plain
Which divides us from eternity
And our future lives, from pain;
May you, watching, waiting for us,
Meet us at Heaven's pearly gate
When we have ended life's troubles,
And time, and worry, and fate.

Brave comrade, you were brother,
Loving, kind and true,
And scarce shall we know another
Whom we shall love as you,
Whom we had known so kindly,
And wept, and mourned for, too;
Nor can the void within our lives
Be filled again as 'twere by you.

When we shall meet across the stream,
On life's eternal shore,
Then we shall all together dwell
In harmony, and bliss as well,
And never know a pain or sorrow,
Nor aught that could have foretold
The coming there of any storm,
In our eternal, happy home.

The Jefferson County Medical Society will hold a memorial meeting this evening, April 8th, 1901, on the death of Dr. Chapman—who was killed in the tornado 25th of last month. A full report of the meeting of the Society will be published in the Journal next month.

We attended a very interesting meeting of the Bibb County Medical Society on the evening of April 2d, at Blocton. Papers were read by Drs. Schooler, Medow and Ray. After the meeting of the Medical Society a banquet was enjoyed by the members of the society, the visiting physicians and a number of good citizens of Blocton.

W. A. Ward, M. D., New Edinburg, Ark., says: I have used Aletris Cordial in threatened miscarriage, in several instances with the best results; one case in particular, the lady was of nervous temperament and very easily excited, but by giving Celerina combined with Aletris Cordial for a short time, she passed over it safely. I am of the opinion any physician prescribing Aletris Cordial, in such cases as it is indicated, will not be disappointed in the result.

One of the most serviceable preparations before the medical profession to-day is Armour's Extract of Red Bone Marrow, a food product of the highest nutritive value. It is rich in marrow cells, nucliens, hemoglobin and other blood-forming substances, and if given well diluted with cold still or carbonated waters, milk or beer is easily retained and readily assimilated. Such an article is, of course, indicated in all

anemic conditions. After surgical operations and loss of blood, from any cause, it is the remedy. Nothing more appropriate could be prescribed for children with marasmus, rachitis and for those that grow too rapidly.

You must be aware that in Herpes Zoster, all so-called ointments, paints, etc., are not of the slightest use, and that the disease runs its painful course in spite of treatment internal or external. Having a severe case of Herpes where the chest, back and the arm was affected, and the patient's pain was unbearable, and knowing the value of Ecthol, I ventured to give it a trial. I applied Ecthol on pieces of lint, and strange to relate, within 24 hours the pain had mostly subsided and the pustules had quite a shriveled appearance. This was the third or fourth day of the disease. The patient made a painless recovery thenceforth. I am giving it extensive trials now in all cases where there is any pus.

D. P. SETHNA, L. M. & S. ((Bombay),
111 Girgaum Road, Chandarnwady.

Bombay, Dec. 23, 1900.

Yankton College, Yankton, S. D.
Chemical Laboratory.

Dad Chemical Co., New York:

Gentlemen—I have analyzed samples of your Quinine Pills in this laboratory, employing the various recognized tests to determined the purity of the Quinine Salt. These tests show that your preparation is of a high degree of purity—no adulterants whatever being found. I purchased the samples from our local druggist, Dr. D. A. Brecht.

Yours very truly,
(Signed) GEORGE A. CLARK.

EDGAR ALLEN JONES, A. B., M. D.,

Clinical Microscopist.

General Clinical Microscopy and Pathological work solicited.

Birmingham, Alabama.

THE TREATMENT OF SYPHILIS—A NEW AND TOLERABLE FORM OF ADMINISTERING MERCURY, WITH REPORT OF 65 CASES TREATED AT BELLEVUE HOSPITAL.

By WINFIELD AYERS, M. D.,

NEW YORK CITY,

Instructor in Genito-urinary Surgery at the New York Post-Graduate Hospital, and attending Genito-urinary Surgeon at Bellevue Hospital, Out-door Patients' Department.

(Abstracted from the Author's Original Paper in the Philadelphia Medical Journal, November 10, 1900.)

The writer states that when his attention was called to Mercurol as an antiseptic of special value in the treatment of gonorrhœa, it occurred to him that it would be a first-class preparation for the treatment of syphilis. Some time was necessarily spent in determining the proper dosage. At first one-eighth of a grain was given three times daily, and this dose was gradually increased until it was found that three grains was the average quantity required to control the malady. The highest amount given was seven grains and the lowest amount that exerted a controlling influence upon the disease was one-half grain. In starting a patient on a course of Mercurol the author advises begining with half grain or grain doses. Salivation has been produced by two grains, and yet as much as six grains has been taken with no disagreeable symptoms.

The objections to the use of unguentum hydrargyri as a remedy in secondary syphilis are referred to; and while the popularity of mercuric protiodide is conceded, the irregularity of its action and its tendency to cause gastric and intestinal disturbances are not overlooked. In the writer's experience 33 per cent. of his cases were not benefited by this drug.

Mercurol is a nucleid of mercury, and was discovered by Karl Schwickerath of Bonn, Germany. Kopp, Director of the Royal Polyclinic for Genito-urinary Diseases at the University of Munich, uses Mercurol in smaller doses, which leads the writer to remark "he will find as I have done, that it is desirable to use a much larger dosage." Mercurol should not be given in solution with potassium iodide.

In all, 65 cases received Mercurol at the Bellevue clinic, 60 of which had not had previous treatment. Of these, 13 did not return after the first or second visit; 14 did not remain long enough under treatment to give the preparation a fair trial; and 13 may be described as new patients. Deducting these 40 cases, there remain 25 cases that have been sufficiently long and regular in their attendance to supply

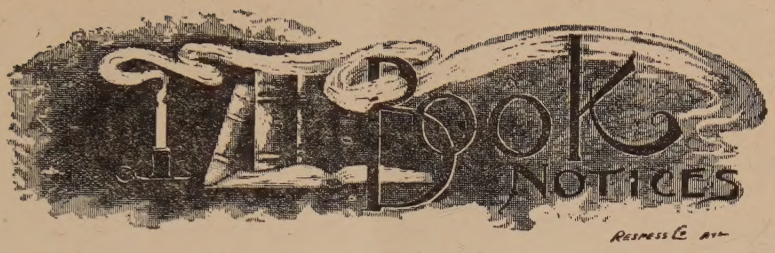
data from which definite conclusions may be deducted. The detailed histories of these 25 cases are included in the paper. In summarizing, the author remarks that while two months' treatment of syphilis is insufficient to determine absolutely the value of any remedy, the marked improvement shown by many of his cases makes it certain that Mercurol is of great value. Its superiority to mercuric chloride in controlling the symptoms of syphilis is proved. Like all internal remedies it has very little effect upon the initial lesion; still it has hastened the healing slightly. None of the cases required treatment with potassium iodide to control secondary manifestations.

To recapitulate, (1) Mercurol causes less disturbance of the gastro-intestinal tract than any other preparation of mercury used internally. (2) It controls skin eruptions and pains much better than any other preparation, while it controls mucous eruptions as well as any other, and has equally as good an effect upon the chancre. (3) It is an advantage that it can be taken in pill form.

The defeat of Gov. Charles S. Thomas of Colorado for a seat in the United States Senate was due to the influence of the medical profession, who determined to punish him for an insulting veto message. The Governor was the supreme head of a particularly strong machine, which seemed strong enough to give him whatever he wanted. The doctors all over the State went into the primaries and into the local conventions to work for democratic and fusion candidates who would pledge themselves to oppose Gov. Thomas's ambition. The governor was perfectly sure of his nomination until the Legislature assembled, when he found that he lacked four votes, and the machine could not provide him a majority. Good, good for the Colorado doctors!—Ex.

It is reported (Philadelphia Med. Jour.) that the authorities of the Manhattan Asylum, Ward's Island, are now making systematic experiments with the music cure, and have thus far treated a dozen or more patients afflicted with melancholia, giving them concerts an hour long each afternoon with the harp, violin and piano for instruments. They report after a month's trial that improvement is shown, and that patients suffering from acute mania and hallucinations show more mental alertness and cheerfulness, and that one patient has been assisted almost to recovery by strains of the violin alone.—New Times.

According to the Boston Medical and Surgical Journal, the coroner's jury expressed their verdict upon the death of Murray Hall, the Tammany politician, in the following language: "Murray H. Hall came to his death from natural causes. He was a lady."—Ex.



MENTAL DISEASES. By Henry J. Berkley, M. D., Clinical Professor of Psychiatry, Johns Hopkins University, Chief Visiting Physician to the City Insane Asylum, Baltimore. D. Appleton & Co.

The author begins his work with a thorough lucid exposition of the histology and pathology of the brain as the only sure foundation upon which a clear comprehension of mental troubles can be based. Splendidly executed plates and illustrations are freely employed for presenting the result of microscopic work on nerve cells and on the lymphatic and vascular systems of the brain. The illustrations aid materially in comprehending the neurone theory—a theory most practitioners should be interested in understanding.

He lays down as a postulate that "in mental affections we have invariably to deal with a pathological condition of the brain, either in the cells or other component parts," though pathologists are not always able to demonstrate these changes.

Heredity is charged with a large proportion of mental troubles by furnishing brain substance unequal to a strain that normal brains resist easily.

The difficulties of classification are admitted, but that of Krafft-ebing is largely followed, that is, based on morbid anatomy.

Group I. Mental diseases without ascertainable pathological lesions of brain substance.

Group II. Diseases from ascertainable alteration of brain substance.

Group III. Those due to inherited or acquired mental instability —(the largest class.)

Group IV. Due to retardation of psychical (or physical) development.

Progressing study is constantly enlarging the groups due to ascertainable brain lesions.

A strict definition of insanity is not attempted, but rather one by illustration. What would be evidence of insanity in a person accustomed to intelligent environment, might be entirely compatible with

sanity in a person of very ignorant environment. An ignorant southern negro might accept belief in hoodoo, in witchcraft or spirits and be sane. An educated man of good social environment could only do so when insane.

The proportion of the insane in some portions of the country is given as 1 to 300. In others the proportion is 1 to 400 or more.

The sympatology, pathology treatment and management of the different mental diseases are given in clear, lucid descriptions and the author lays stress on the fact that general practitioners should treat many forms of insanity in homes rather than send them to asylums. This, of course, presupposes enough acquaintance with mental diseases to allow of differential diagnosis so that the dangerous class either to themselves or others, may be incarcerated in proper institutions.

This book will be a profit and aid to every general practitioner.

THE TREATMENT OF FRACTURES. By Chas. L. Scudder, M. D., Assistant in Clinical and Operative Surgery, Harvard Medical School. Second edition, revised and enlarged. Octavo, 433 pages, with nearly 600 original illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Polished Buckram, $4.50 net.

This book is intended to serve as a guide to the practitioner and student in the treatment of fractures of bones, being a practical statement of the generally recognized methods of dealing with fractures. The attention of the student is diverted from theories to the actual conditions that exist in fractured bones, and he is encouraged to determine for himself how to meet the conditions found in each individual case. Methods of treatment are described in minute detail, and the reader is not only told, but is shown, how to apply apparatus, for, as far as possible, all the details are illustrated. This elaborate and complete series of illustrations constitutes a feature of the book. There are nearly 600 of them, all from new and original drawings and reproduced in the highest style of art.

The exhaustion in a remarkably short time of a large first edition indicates the favor with which this work has been received. From the day of its issue it has been accorded the highest possible praise, as being the most practical and useful work on the treatment of fractures that has ever been issued. In this edition the book has been thoroughly revised. Many X-ray plates have been reproduced to assist in familiarizing the reader with the study of such plates. Physicians should be able to interpret X-ray plates without the assistance of an expert. Numerous other new illustrations have been added, and the book has been considerably enlarged.